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b. CITY OI and give	R TOWN (If outside corpore nearest lown) Lans dow	ole limits, write Al	URAL C. LE	ENGTH OF STAY IN	6. CITY OR		corporate fimits, wr	ite RURAL o	nd give r	egrest to	wn)
d. NAME	of Hospital or Instit 1939 Victor	ITUTION (If n		give street address)	d. STREET A	Victory	Drive			ON	ESIDENCE A FARMS,
3. NAME OF DECEASED (Type or p		Fint iarah	Elizabe	Middle th Adams	Lost	4. DAT OF DEA		onth 7	Doy	1	7ear 958
5. SEX	em 6. color			NEVER MARRIED	8. DATE OF BIRTH	, 1870	9. AGE (In years lout-birthday)	Months	R TYEAR	IF UND	ER 24 HRS. Min.
Tentifit mon	occupation (Give kind of working life, even	d of work dor if relived) Duties	Hens	E BUSINESS OR IND LITAN HAU HOME	nacer	CE (Stote or forei	gn country)	12. C		F WHAT	COUNTRY
13. FATHER'S		ge W.	Adams		14. MOTHER'S A		ς				
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	SE OF DEATH (Enter on				c failure.	-			INTE	RVAL BETW ET AND DE	EEN ATH
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINEES CERTIFICATE OF DEATH SHEED TO LEGE BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No.

Doys

(County)

e. IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES [

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MARYIAND STATE DEPARTMENT OF HEALTH - BALINGOOD TO

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BUREAU V. S.

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ž	may be retained the haspital or attending physician.	TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4215 CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN	li a ST.	Maryla		d lived. If instituti b. COUNTY			ssion)
RURAL and give near	outside corporate limits, write rest town) Ville	c. LENGTH OF STAY IN	lb c. Cli	Y OR TOWN (IF	_	rote limits, write R	URAL and give	e nearest tow	n)
OR INSTITUTION	L (If not in haspital, give street) 13 Dalesford F	et address)	/d. st	REET ADDRESS		d Rd.		ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	First Elmer	Middle E	Allen	Lasi	4. DATE OF DEATH	Mor	oril	Doy 8	Yeor 19 58
. sex Male	6. COLOR OR RACE 7. MA		8. DATE O			9. AGE (In years lost birthday)	IF UNDER 1 Y		ER 24 HRS
Oa. USUAL OCCUPATION during most of working Tag Mak	(Give kind of work done 10		NOUSTRY 11. 8			ountry)		EN OF WHA	T COUNTR
3. FATHER'S NAME				THER'S MAIDEN				0.022	
Ur	nknown Allen			Unknow	n IInk	nown			
	IN U. S. ARMED FORCES? yes, give wor or dafes of service)	578-01-8787	7. INFORMAN	earl V.		8113 Da		d Rd.	
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26a. ACCIDENT WAS	UNDERLYING 206. DE	SCRIBE HOW INJURY OCCU					VEN IN PART I	PERF	NO Z
(IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m, p. m.	Month, Doy, Year 20d. Whil			JURY (Home, form , office bldg., etc		or town)	(Cou	inly)	(State
21. I certify that	t I attended the deced		Table 1	54, ta_C	april	8. 1958	that I las	st saw the	deceas
actual SIGNATURE PHYSICIAN'S NAME (Type) M	Tay R. Engli	sh. M.D.	M.D.	d at 10	M, fran	the causes of reet, city or town,	nd an the	date stat	ed abar ATE SIGN
20. BURIAL, CREMATION, REMOVAL (Specify) BUT 1 a T		22c. NAME OF CEMETER			22d. LOCAT	Baltimor		(Sto	te)
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	: 00	24a. REC'	APR 1 4	RAR 246 REGIS	STRAR'S SIGN		

THE CENTIFICATE OF DEPART 8281 DI 99A 3 MISOS Town his travel from 1901 Pelen Pel

1916	CERTIFICATE	OF	DEAT
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Reg. Dist. No. 04188

								Reg. Dist.	No. 17				
1. PLACE OF DEATH g. COUNTY Be	altimore			(LAND 2.	USUAL RESIDENCE (o. STATE Ponn	Where decease	. L COUNTY	oni Residence	before admis	sion)			
b. CITY OR TOWN (II RURAL and give no TOWSON	outside corporate limi arest lown)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) × Brownsville								
OR INSTITUTION	AL (If not in hospital, g	_	oddress)	1	d. STREET ADDRESS				ON /	SIDENCE A FARM? NO X			
3. NAME OF DECEASED (Type or print)	LYDIA		NN ALLIS		Lost	4. DATE OF DEATH	April	[*] 23, 1	958	Year 19			
s. sex Female	6. COLOR OR RACE White	7. MARR	ED DIVORCE		ctober 30,	1883	9. AGE (In years lost birthday) 74 yrs.	Months De	TEAR IF UND	-			
during most of work Housewife	N (Give kind of work of ing life, even if retired	done 10b.	Own Ho		Pennsylv		country)	USA	EN OF WHAT	COUNTRY			
13. FATHER'S NAME Robert Ho	erschel 41	ison	Acklin	1	Rachel Ja		mey						
IS. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give were or defect of the None	CES? 16.	SOCIAL SECURITY NO		Robert H.	Allison	Add n. 8815 W	clvert	on Rd.	Towson			
Conditions, if ar gave rise to in couse (o), stoling I lying couse last.	the <u>under-</u> DUE TO)	eart a	ise	ase "				74	na.			
200. ACCIDENT WA	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY C					'EN IN PART 1	PERFO	AUTOPSY DRMED?			
20c. TIME OF INJURY Hour o. m. p. m.		20d. II While at work	NJURY OCCURRED Not while k at work		OF INJURY (Home, fo , street, office bldg.,		y or lown)	(Cou	inly)	(Stale)			
21. I certify the alive an ACTUAL SIGNATURE	at I attended the	deceas 125		death ac	1, 19 , to curred at 7530		m the causes of treet, city or togen.		date stat				
PHYSICIAN'S NAME (Type)			(/	4/	24/6	: 0			
220. BURIAL, CREMATION REMOVAL (Specify) Removal Bur		,1958					NON (City, town, onsville,		(Sto	te)			
23. FUNERAL DIRECTOR'S		າປອດກ	ADDRESS Marry Land			PR 2 9		STRAR'S SIGN	ATURE				

death! Page 4 in by the funeral directar, and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours puo may be retained in the haspital or attending physician.

TO FUNERAL DIR.

OR. After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any gram within 72 haurs after death. TO HOSPITAL OR

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BUREAU V. S.

APR 28 1958

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 2c & 3, -Film G-228 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY **b** COUNTY Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 21 days Baltligte / My. Catonsville Pikesville 8 d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION ON A FARM? Box/ 8704 Woodholme Road SPRING GROVE STATE HOSPITAL YES NO NAME OF DECEASED Middle 4. DATE Yea Florence MayRose Anderson April 58 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Doys white female DIVORCED | WIDOWED A NO. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRYS death. during most of working life, even if retired) U. S. A. Maryland housewife 39. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grace Stansbury Charles W. Rose 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown) Records: SPR TNG STATE HOSPITAL no Unknown IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Arterio sclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO Generalized arteriosclerasis. severe Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO JE 200. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18.] 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour e. m. While Not while of work at work p. m. 19 58 to April 4 19 58 that I last saw the deceased Feb. 6 21. I certify that I attended the deceased from and that death occurred at 103 10a M, from the causes and on the date stated above alive on ADDRESS (Street, city or town, stote) DATE SIGNED ulla Wachsler ACTUAL SIGNATURE STAT HOSPITAL Stella Wachsler, M. D. PHYSICIAN'S 28. Haryland NAME (Type) Catonsville 220. BURIAL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 286 REGISTRAR'S SIGNATURE 240. FEC'D BY REGISTRAR VS A1S (4) 15M 10/S7



COEL PT 99A

BUREAU V. S.

CERTIFICATE OF DEATH Reg. Dist. N. 14191 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Year DECEASED DEATH (Type or print) 19. 5. SEX 6. COLOR OF RACE 7. MARRIED MINEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In Years byr (Aday) Months Days Min. Hours DIVORCED WIDOWED [VES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FACHER'S NAME 14. MOTHER: 8/MAIDEN NAME 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH ፭ PART I, DEATH WAS CAUSED BY: 40 IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** coese (a), stating the underlying cause last. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [T NO CERTIFI 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work p. m. at work 21. I certify that I attended the deceased from ... 1920 that I last saw the deceased and that death accurred at \$ 120 PM, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, ACTUAL SIGNATURE DIREC pri P PHYSICIAN'S NAME (Type) BURIAL, CREMATION 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 ANDRESS PUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAN 245 REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S.V Unitaliua

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
·		4220 CERTIFICATE OF DEATH 04192
director director	1	PLACE OF DEATH o COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY b. COUNTY D. COUNTY
ofter death.		b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b RBIRAL and give nearest town) Secretary with Court 25 44 × 5 bleep wells Ruckled And give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street gardress) of STEET ADDRESS of STEET ADDRESS
by the	9	OR INSTITUTION
thin 24 ho y filled in lages } ar	3	(Type or print) G- HOWARD-BAUBLITZ OF DEATH CEPTIL 12 1958
S. P. S.		6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED Charles 13-1878 9. AGE UNivors If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
te be executer ian and camp carbon paper differ death.		OB USUAL OCCUPATION (Give kind of work dane) 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or Foreign country) 12. CITIZEN OF WHAT COUNTRY? WE WAS A
0 2 0 %		Leo W Baublita Many L Sincelary
8 0 2 2		WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO 17 INFORMANT Address Address (18. 190 or unknown) 18 Type give more or dates at security 100 Elevence Benefitz - Herripateal Will
he death altendir on please on within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral Arteriosclerosis IMMEDIATE CAUSE (a) USE (a) USE (b) USE (b) USE (c)
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an. signed sit permind and in an		gave rise to immediate couse [a], stating the under-lying couse last. (c)
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IAN: Il fending ficate b the bur	CEOTIE	
PHYSIC al or at this cert r use as emation	A DACE DATE A LA	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Hour a. m. Hour a. m.
bospit hospit After hed fa rial, cr		21. I certify that I attended the deceased from June , 1956, to April 12 , 1958 that I fast saw the deceased
P C C C C C C C C C C C C C C C C C C C		alive on April 12, 1958, and that death accurred at \$\frac{2.53p}{.53p} M, from the causes and an the date stated above. ACTUAL SIGNATURE M.D. ADDRESS (Street, city or lown, state) DATE SIGNATURE M.D. ADDRESS (Street, city or lown, state) 4-14-5
ITAL OF refaired TAL DIR should it stror pri		PHYSICIAN'S M.C.P rterfield Hampstead, Md. U.14-50
may be page 3 the regis	2	Removal (Specify) Capiel 5/5% Salare - Ev. W.B. 22d LOCATION (City town, or county)
VS A15 (4) 15M 9/55	2	Steel Effor. Haufstead Md 240. REC'D BY REGISTRAR'S SIGNATURE DATE

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CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE filed **b** COUNTY Ballimeres MARYLAND D. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN of autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION nack blu NAME OF Middle Lost 4. DATE DECEASED OF (Type or print) DEATH 5. SEX 9. AGE (In years 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH lost birthday) DIVORCED | WIDOWED [papers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if refired) ond corbon after 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. offending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 400.1 **DUE TO** þ any Canditians, if any, which gned gove rise to immediate **DUE TO** cattle (a), stating the underlying cause last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of clem 18.) certificate CAL 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.) MEDI Hour a.m. While Not while 19 at work 🗔 at wark p. m. 21. I certify that I attended the deceased fram that death occurred at 12 i3 cfl M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DIRECT **ACTUAL** SIGNATURE prior è should registrar DISTRIBUTED AND DE Berns an NAME (Type) FUNER ୯୨ BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) pode REMOVAL (Specify) è 2 **EUNERAL DIRECTOR'S SIGNATURE ADDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTEAR'S SIGNATURE VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. e IS RESIDENCE ON A FARM? YES NO T Month Yeor Day IF UNDER 1 YEAR IF UNDER 24 HRS Months Days yrs. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH ominute PERFORMED? YES 🗍 NO 🗘 [County] (Stole) 19-1 8. that I last saw the deceased

(State)

A DATA

A CEINED

deoth; Page 4.

may be retained the haspital or offending physician.

TO FUNERAL DIRE

1. After this certificate has been signed by the attending physician and campletely filled in by the uneral director, page 3 should be ached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fixed much the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after degibe.

VE #15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

04194

	4000 CERTIFIC	AIL OF DEATH	Reg. Dist. No.
	PLACE OF DEATH O. COUNTY Baltimore MARYLANE	o. STATE Maryland	b COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 9005 Harzord Road #14	8111 Old Harry	ord Road e is residence on a farm? YES \(\sigma \) NO \(\sigma \)
	NAME OF DECEASED (Type or print) Ma. Charles M. Middle	Bealmeat 4. DATE OF DEATH	Month Day Year 18 19 50
5. 1	sex 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED [male white widowed DIVORCED [Dec. 18, 1906	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign count Baltinore, Mo	1 1 1101
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15 (Yo	and ar universal at the use of the set of th	. INFORMANT Mrs. Loretta M. Be	Address same
	Conditions, if any, which gove rise to immediate couse (a), stating the under-	aling diseas.	Interval Between onset and death
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CO	facture PERFORMEDO YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or foclory, street, office bidg., etc.)	town) (County) (Stole)
	21. I certify that l'attended the deceased from Jest alive on 1978 1858, and that deceased from Physician's FRANK T. KASIK		the causes and on the date stated above to stay or lown, stated to the causes and on the date stated above to the causes and on the date stated above the causes and on the date stated above the causes and on the date stated above the causes and on the causes are caused to the cause the
L	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY BURIAL (Specify) 4/81/58 Moreland	OR CREMATORY 22d. LOCATION Mem. Park Bal	(Stole) (Stole)
23. [-	epnard J. Ruck 5305 Hartord Roa	d #14 DATE 1982 2 1 '58	



04195

CERTIFICATE OF DEATH

	422	3 CERTIFIC	AIE OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH			2 USUAL RESIDENCE (Who		ution: Residence before admission)
	BALTIMORE	MARYLAND	. [ARYLA]	ND b. COUN	14
b CITY OR TOWN	I (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF or	utside carporate limits, write	RURAL and give nearest tawn).
RURAL and give	SEX	61 Yrs	FSSEX		
d. NAME OF HOS	PITAL (If not in haspital, give street	et address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
371 T	OWNSEND ROAD		371TOWNSE	ND ROAD	YES NO
3, NAME OF DECEASED	First	Middle	last	4. DATE M	Ionth Day Year
(Type or print)	FRANK L. BE	CITZ		DEATH APRIL	16.1958 19
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeo lost birthday	
male	1 224 00	WED DIVORCED	MARCH 5.188	33 75 7	
10a. USUAL OCCUPA	TION (Give kind of work done 10) orking life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stote of	or fareign country)	12. CITIZEN OF WHAT COUNTRY
		TRED	GERMANY		IISA .
13. FATHER'S NAME			14 MOTHER'S MAIDEN N	AME	
C:	HRISTIAN BEIT	Z	AMEL	IA BOLTZ	
15. WAS DECEASEDE	VER IN U. S. ARMED FORCES?	S SOCIAL SECURITY NO 17	INFORMANT 955		TYE BALTO, 18.
(Yes, no or unknown)	(If yes, give mor or dates of service)	4 03 0394	MR. FREDERIC	CK BEITZ	•
18. CAUSE OF D	PEATH [Enter only one cause per	line far (a), (b) and (c)]			INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	CARDIAC	FAILURE		ONSET AND DEATH
420.0	DUE TO				
Canditions, if		A URICULA.	R FIBRIL	LATION	1 V/C
gave rise to cause (a), statin	immediate (4 C A A	44 - 4 4 - 3	VO
lying cause las		KTERIO-5C	LEROTIC	HEART D	ISEASE TYR
PARE II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	OT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION C	GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED?
3					YES NO
PARE II. C	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	RED (Enter nature of injury in P	art I or Part II of item 18)	
20c. TIME OF INJ	.,,		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
P. m	" 16 VIIII	ork at work			
21. I certify	that I attended the deced	used from SEPT	22 195/ 10 A	PIR. 16 195	that I last saw the deceased
alive on 🥕	PR.15 19			M. from the causes	and an the date stated above
	0 11	20 1		ADDRESS (Street, city or tow	
ACTUAL SIGNATURE	Koseph "	Greek	MD 108 3	S. THYLOK	AVE 4/18/5
PHYSICIAN'S	1 10000	10	1 A 2	256224 6	21 115
NAME (Type)	YOSEPH /	MICELI I	7.0.	SSEK S	(/4/1)
22a. BURIAL, CREMAT		22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, town	, ar county) (State)
BURTAL	" 4/19/58	OAK LAWN C	TEMETERV	BALTIMORE	MARYLAND.
23. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REG	GISTRAR'S SIGNATURE
HENRY	SANDER & SONS	TMC BAIDIMC	DE MTO DATE	APP 2 1 153 (2001

TO HOSPITAL OR AVIENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the first are page 3 should be for use as the buriol-transit permit. Then please remaive carbon papers. Pages 1 and 2 should be filed with be haspitol or attending physician.

3. After this certificate has been signed by the attending physician and completely filled in by the uneral director, oched for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with buriol, cremotian, or removal, and in any event within 72 hours after death. the registrar priar

VS A15 (4) 15M 9/55

CARDIAL FAILLRE AURICOLAIR FIBRICATIOLS ARTERIO-SCLERCTIC HEART DISCASE TYR

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SCAL TO THE SINGLE SINGLE WILLIAM ALLENDER ALLEN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4224 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

04196

<u> </u>													Keg. Di	H. 140.		
1.	PLACE OF DEATH Bal	to.			MAR	YLAND	2. US 0.	STATE	DENCE (WI	ere decesse	d lived. If in b CO		Balt			sion)
	b. CITY OR TOWN (I RURAL and give ne Catonsvil		s, write	c. LENG	GTH OF STAY	(IN 1b	-	city or		ulside corp	orote limíls, w	rile RI				n}
Г	d. NAME OF HOSPIT	AL (If not in hospital, g	ive afreet	oddress)			/ d.	STREET A	DDRESS						ON A	SIDENCE A FARM?
L	House in	the Pines					2	<u>607 I</u>	archn	ont D	rive				YES] NO []
3.	NAME OF DECEASED (Type or print)	Fir			Middle		73.83	Los	ŀ	4. DATE OF DEATH		Mon		Do	у	Year
L		PA			A.			NNER		DEATH		Apı		L	3	19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔲 I	NEVER MARRI	IED 🔲		E OF BIRTS			9. AGE (In)	reors				ER 24 HRS.
L	Male	white	WIDOWI		DIVORCE			eb. 2		195	63	yrs.	Months	Days	Hours	Min
10	during mast of work	N (Give kind of work (ling life, even if retired)	lone 10b	KIND OF	F BUSINESS (OR INDU:	STRY	1. BIRTHPL	ACE (Stote	or foreign o	country)		12. CII	rizen o	F WHA	T COUNTRY?
<u> </u>	Test Bake	r	Mf	o Pr	repared	Mix		Md.								
13.	FATHER'S NAME			0 -	•		14 /	MOTHER'S	MAIDEN N	IAME						
L	Conrad He	nry Benner						Olga	Erni							
		RIN U. S ARMED FOR		SOCIAL!	SECURITY NO	D. 17 H	NPORM	ANT				Addr	@55			
Ľ		o 1 World W	ar 2	20-1	山-2362	2 M	Ir.	Paul	E. Be	nner	- 2617	La	rchm	ont	Dr.	
		TH Enter only one co	1		A	. /	,			S	. /					ETWEEN DEATH
	154x	IMMEDIATE CAUSE (o)	Ccur	tine	see of	RU	Hec	m fa	000	recre	, Yarra				m	wer.
	Conditions, if as	n mediate (·													
	couse (a), stating t															
<u> </u>	lying couse lost.	} (c					-									
ΙŠ	PART II. OTH	ER SIGNIFICANT CON	OTTONS C	ONTRIBL	UTING TO DE	ATH BUT	NOT R	ELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	N GIV	EN IN PAR	T 1{a} 1	9 WAS	AUTOPSY DRMED?
3																NO 🔀
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HO	OW INJURY C	CCURRE	D, (Enle	r noture o	finjury in I	Port I ar Pa	rt II of item 1	9.)				
¥	20c. TIME OF INJUR	Y Month, Doy, Yes	r 20d. It	VJURY O	CCURRED	20e. PL/	ACE OF	INJURY II	Home, form	. 20f. (Cit	v or town)		- 11	County)		(Stole)
MEDICAL	Hour a.m.	19	While of worl	No.	t while	foc	ctory, st	reel, office	bldg., etc.)				,,		(4.4.4)
1	The second secon					/ .	,	10	. /		./ .	par d	> .			
	21. I certify th	at I attended the														
	alive on	Mile 3	_, 121/		, ond that	death	occu	rred of.			m the caus			he do	te stat	ed above.
	ĺ ,	. 0	1	,							treet, city or				D	ATE SIGNED
	SIGNATURE	rneel V.	HEN	ew	acts		M.D	23	20 E	UTA	w Pz	19-	CE			
		1	,	<u> </u>	0											
	PHYSICIAN'S 7	PANIEL	<i>J</i> . `	364	tw Ar	ZYZ	-									
220	P. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c N	AME OF CEM	ETERY O	R CREM	ATORY		22d LOCA	TION (City, I	own, a	r county)		(Sto	le)
	Buri al	11/7/58		Tai	Ioodlas	In C-	No.			1.7			1			
23.	FUNERAL DIRECTOR	S SIGNATURE /			DRESS	111 JUE	7.11		240, REC'	D BY REGIS	TRANS TO THE	PEG S	TRATES SIG	GNATUE	RE~	
	11 MA Y	Vix Pu	it!	AN	MIN .	102	TA	17.	DATE	400 O	158	00	el.	A126	Tin.	
1	C 7 8 8 5 4 L	-1/0/1	-	-	1 4 1	y cm	and a	11 1			100	3///	7 1 1 7 1			

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VS A15 (4) 15M 9/55



BUREAU V. S.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4225 CERTIFICATE OF DEATH

Reg. Dist. No. 4197

1. PLACE OF DEATH a COUNTY	BALTIMORE	7	MAD	/LAND	2. USUAL RES			d lived. If institu		e before o	dmission)
h CITY OF TOWAL IN					C174 00		YLAND				
RURAL and give ne		is, Write	c LENGTH OF STAY					irote limits, write		,	town)
FORT HOLL	AFD AL (If not in hospital, g		209 DAYS)		TIMORI	£		7 Y '		ý .
OR INSTITUTION			•		d. STREET					e. 15	RESIDENCE
VETERANS A	DMINISTRAT.	LON H	OSPITAL		6319	TOON	E STRE	ET'		YE	5 NOAL
3 NAME OF DECEASED	Fir		Middle	!	Lo		4. DATE OF	Mo	nth	Day	Year
(Type or print)	HARI		E		BIRCKH	EAD	DEATH	APF		20	1958
5 SEX		7 MARI	NEVER MARRI	ED 🔲	B. DATE OF BIRT	TH		9. AGE (In years last birthday)			JNDER 24 HRS.
MALE	WHITE	WIDOW			FEBRUAR		1897	61 yr		Days Ho	Min Min
10a USUAL OCCUPATIO	IN (Give kind of work one life, even if retired	lone 10b.	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTHY	LACE (Stote	ar foreign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
ELECTROTY			ECTROTYPE	COMP	ANY BAL	TIMORI	E, MAR	YLAND	U.	S.A.	
3. FATHER'S NAME					14 MOTHER	S MAIDEN I	NAME				
WILLIAM R	. BIRCKHEAD)			LUCY	MAY V	WHEATI	EY			
15 WAS DECEASED EVER	IN U S ARMED FOR	CES? 16.	SOCIAL SECURITY NO) 17. it	VEORMANT			Ad	dress		
YES (Yes no or unknown)	WV-1	2]	15-01-7522	CI	IN REC	VET A	ADM HO	SP FORT	HOWAF	ED MAF	RYLAND
	•	use per fi	ne for (o), (b), and (c).]							L SETWEEN
PART I. DEAT	M WAS CAUSED BY: IMMEDIATE CAUSE (a	CO:	R PULMONAL	E						ÜNK	NOWN
1 1	DUE TO	,,									
Conditions, if or	y, which) (b		LMONARY EM	PHYS	EMA					4 Y	LARS
gove rise to in	nmediate (
lying cause lost.	ne <u>under-</u>										
PART II. OTH			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEAS	E CONDITION G	VEN IN PART	1(a) 19. V	/AS AUTOPSY
TATI											ERFORMED?
PART II. OTH	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DE5	CRIBE HOW INJURY O	CCURREC). (Enter nature o	of injury in !	Port I or Por	t II of item 18.)			ALCO TELE
W THE OF LANGE		1		100 00			T				
20c. TIME OF INJURY Hour o. m.	f Month, Day, Yea	While	NJURY OCCURRED Not while t of work	20e. PLA foc	CE OF INJURY lory, street, offic	(Home, form te bldg., etc	n, 20f (City	or lown)	(C	ounty)	(Stole)
21. I certify the	atVAittended the	deceas	ed from Septs	mber	23 19 57	, to A	Bril 2	20 1958	thXTTXT	regaca	BC30666
albracamcxxxxx		XXIX	COCO and that	death	accurred at	5:50	a.M. from	n the causes	and on th	e date s	tated abave
	0 . 1.	8.	F					freet, city or town			DATE SIGNED
ACTUAL SIGNATURE	luce "	6	tani	,	4 D						11/27/58
											4-5:
PHYSICIAN'S NAME (Type) C	HIEN WEI L	AN, M	1.D.		VAH	FR	T HOWA	RD, MARY	LAND		
220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c NAME OF CEM	ETERY OF	CREMATORY		22d LOCA	TION (City town,	or county)		(State)
REMOVAL (Specify) BURIAL	4-23	-03	Baltimore	Nat	ional C	em.	Bal	timore,	Maryla	and	
23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a REC'	D BY REGIST		ISTRAR S SIG		
Wm.Cook-Bli	ght Inc 60	09 H	arford Rd H	Balto	Md	DATE	APR 2 2	'58 6	081.0	/	

Bakevii R ?

MISOSIA FEIR

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
•			CERTIFICATE OF DEATH	No 04198
Se cie.		1. 1	LACE OF DEATH 2000 It institutions Residence	
o e e		Ľ	COUNTY BALTO. CO MARYLAND STATE 20 Regester COUNTY BAL	To Co
Per		'	c. CITY OR TOWN (If outside corporate limits, write RURAL and gire nearest fawn)	ve necrest town)
d June			NAME OF HOSPITAL (If not in hospifol, give street oddress) A STREET ADDRESS	I IS DECIDENCE
by Ih	* 4°		OR INSTITUTION 322 Register Ave. I MARYLAND	ON A FARM? YES NO
24 ha Iled in		1 1	NAME OF First Middle Lost 4. DATE Month DECEASED OF SPECIAL FILEN BOLLINGER DEATH APRIL	Doy Year
within etely fi		5. 5	AND THE PARTY OF T	YEAR IF UNDER 24 HRS Days Hours Min.
cample papers ath.		10a	USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIL during most of working life, even if retired OWN Home	TEN OF WHAT COUNTRY
orban and arter de		13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	03//-
icate sicio	_ runn	<u>_</u>	John Jellel . Kichardson	
ng phy e remo 72 ho			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO 17. INFORMAT NO 17. INFORMAT NO 17. INFORMAT	or
death tendi			18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN
the of			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORDNARY OCCIUSION	20MIK
that by th			Conditions, if any, which) BU ART, SCIR POSIS	
ires ermi			gove rise to immediate	
on. sit p			lying couse last.	
ysiciu beer tron		NO.	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
The physhos may		FICAT		YES NO
IAN: tending ficate the bu		L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)	
HYSIC or at s cert use as nation		MEDICAL	Haur a. m. While Not while foctory, street, office bldg., etc.)	ounty) (State)
Pital For this		×	p. m Oi work Gi work	ast saw the deceased
ENDIN he has c. Afficial coched burial,			21. I certify that I attended the proceed from 1958, that I lead to a live and 1958, and that death accurred at 1958, from the causes and an the ADORESS (Street, city or town, stole)	
Red be de lior to			ACTUAL SIGNATURE CECTOR FICHER M.D. 32/DUNKIRE	D 4/12/
retaine RAL Di should strar pi	- [PHYSICIAN'S C. VICTOR RICHARDS, MID,	'/' 15
HOSP nay be FUNEI age 3 he regi		220	BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Gamber, Carroll, Puri all Calvary	Maryland
5 5 5 5		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b REGISTRAR'S SIG	NATURE
VS A15 (4) 15M 9/55			John R. Byers Westminster, Md. DATE APR 1 5 '58 Oct.	- 1
				7.5

BURLAU V. &

123 1 1220

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filed Q. gned 0 VS A15 (4) 15M 9/55

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8391 6S A9A

BUREAU V. E.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	4227 CERTIFICATE OF DEATH
	Jeg. Ultr. No. >-
	1. PLACE OF DEATH a COUNTY O. STATE b. COUNTY D. COUNTY
	Baltimore County MARYLAND MARYLAND BALTO, CITY
	b C1TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Mt. Wilson, Maryland Thoughts. I SALTIMORE 3 V.
,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM?
у. Э	Mt. Wilson State Hospital 5027 REISTERSTOWN [OA]
	3. NAME OF First Middle Lost 4. DATE Month Day Year
	(Type or print) GARNET FAIRFAX BOWLING DEATH APRIL 18 1958
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE WITTE WIDOWED DIVORCED DEC, 22 1900 ST yes. Months Days Hours Min
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BLISINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
)	PHARMACIST RETAIL PHARMACY WEST VIRGINIA USA
	13. FATHER'S NAME
	ARTHUR W. LOWLING NORA W. CLARKE
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	1 (1) yet give wor or dorse of service) 28/-/2-9886 Hospital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I DEATH WAS CAUSED BY. O AND DEATH
	IMMEDIATE CAUSE (a) LORONTRY /HKOMBOSIS 4 days,
	Conditions if any which i
	gove rise to immediate
	lying couse last. 662 X
	VIVE V
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	200 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED While Not white at work of wo
	21. I certify that I attended the deceased from 8/29, 1957, to 4//8, 1958 that I last saw the deceased glive an 4//8 and that death accurred at 8 A M from the course and an the data stated above
	alive an 7/8, and that death accurred at 7/8, M, from the causes and an the date stated abave
	ACTUAL /// // // // // Mt William Mamuland
	SIGNATURE // MILEON / MANY M.D. MILEON, MALY LAIM
	PHYSICIAN'S NAME (Type) William Newcomer, M.D. Superintendent
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State)
	BYCHANAN BYCHANAN BYCHANAN VIRGINIA
	23 FUNERAL DIRECTOR'S SIGNATURE LECENTRAL HOUSESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
	Barbara Tr Schweb 2101 Frederick au ONTAPR 21 '58 Will reduch.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FLISTE GI	MIE DEI WILLIE	AL OI HENGHILL	- WARE IN THE INCLY	11/10/11
FDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	04201
4000	my transition of	9211111107418	U. U	Rea. Dist. No.

1.	PLACE OF DEATH a. COUNTY	OUNTY		- 16	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE and a								
_		Baltimore		MARYLAI	-		Md.			3	Balt		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
L	Catonsville					136 Cher.yJell Rd.							
		· ·		pital, give street address)		d. STREET						e. IS RES	FARM?
L	186	Cherrydel:	l Rd.	•		/ Cet	onsv:	ille					NO 🗌
3.	NAME OF DECEASED	Fire	rt	. Atiddle		Lo	2)	4. DATE OF	Mo	nth	Day	Ye	or
L	(Type or print)	Edwin		Riston		oyer	Sr.	DEATH	Apr	il	1	.9 19	53
5.	SEX		7. MARRI	ED T NEVER MARRIED	9. D	ATE OF BIRT	Н		9. AGE (In years last birthday)		DER TYEAR	IF UNDE	
	£ ,	W	WIDOWE	D DIVORCED	A	cril	17,1	398	60 m	s. Mont	hs Days	Hours	Min.
10	u. USUAL OCCUPAT	ION (Give kind of work a	done 10b. I	CIND OF BUSINESS OR IND	USTRY	11. BIRTHP	LACE (State	or foreign	country)	12.	CITIZEN O	F WHAT C	OUNTRY?
	Sales		1:17	nls. Liquor	3		7.50	٩.					
13	FATHER'S NAME			<u> </u>		4. MOTHER'S	MAIDEN N	NAME					
	J	ames Boye:	r				He	annah					
15		YER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 1	7. INFO	THANK			Addr	P43			
121	Yes	(If yes, give war or dates of	sarvica)		Ed.	vin 3	oyer	Jr. F	2 Dun	arri	ie RJ	. 23	}
	18. CAUSE OF DE	ATH Enter only one cau	se per line	for (a), (b); and (c).		-	21	1			INTE	RVAL BETWEE	N
	PART I. DE	ATH WAS CAUSED BY:	1	Loma	10	0.41	11	4	Asse	Z	OHV5	T AND DEAT	Н
		IMMEDIATE CAUSE (o)			45/	7 100	7 1	La Company	7 1.7				
	DUE TO												
	Conditions, if ony, which gove rise to immediate cause												
	(a), stating the underlying DUETO												
_		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									UTOREY		
Į Ž	PARI II, O	THER SIGNIFICANT CON	DITIONS CO	DINIXIBUTING TO DEATH BI	JINO	I KELATED IV	J INTE LEKTON	INAL DISEA:	SE CONDITION C	SIVEN IN	PERFORMED?		
Ž								YES 🗌	но 🗀				
CERTIFICATION	200. EXTERNAL CAPRIMARY OF CO	ONTRIBUTING 20	b. DESCRIB	E HOW INJURY OCCURRED) (Ente	r noture of i	injury in Port) I or Port I	f of item 18.)				
SAL	20c. TIME OF INJ	URY Month, Day, Yea			PLACE	OF INJURY	(Home, form	20f. (Cit	y or fown)		(County)		(State)
MEDICAL	Hour a.m		White of we	Not while at work	roctory	street, offic	e bldg., etc.	1					
-	21. I certify	that I taak charge	of the	remains described a	bave	, held as	n Autopsy	y 🗖 , I	nspection [Inc	uiry [Z]	and fi	nd that
		d frem: Natural		_/ _			, ,		Indetermined		_	,	
		V1 1	7	1 17		,							
DATE SIG									GNED				
ASSISTANT MEDICAL EXAMINER T													
EXAMINER'S NAME (Type) Geo's S. M. Kieffer K.D. Deputy Medical Examiner M. April 18.105										958			
22		ON. 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOC/	ATION (City, town	, or coun		(State)	
	SEMOVAL ISpect	4-22-5	3	Balto. Nat	ion	nal C	em.		Bolto.	Md.			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE													
	Farley	Funeral Ho	ome C	Catonsville	1.0	9.	DATE	APR 2	158	red	elice		

VS. A15ME(5) 5M 9/55

S A DADANA S.

ADDRESS

24o. REC'D BY REGISTRAR

246 REGISTRAN'S SIGNATURE

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

MECEUA SO 1953

BUTEAU V. S.

4230 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Balto. Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baldwin d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? evi Carroll Manor Rd. YES NO gug 3. NAME OF First 4. DATE Middle Lost DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE P. AGE (In years lost bigthday) 75 CONTRACTOR OF THE PROPERTY DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS Months Hours WIDOWED 😿 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HRDENTER - RETIRED Building 13. FATHER'S NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address tending CAUSE OF DEATH [Enter only one couse per-time for (o), (b), and (c). INTERVAL BETWEEN ā ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 4-20,1 DUE TO Ë any Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO M YES T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of ilem 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stole) Hour p. m. factory, street, office bldg., etc.) While Not while at work ol work 21. I certify_that/I attended the deceased from 24182 That I last saw the deceased and that death accurred at 10 AP.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE DIR TO PHYSICIAN'S NAME (Type) 22b DATE THEREOF 220. BURIAL CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote REMOVAL (Specify) Balto.. Rumin 1 Loudon Q 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE APR 2 5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VIZOZIA RAA BURDAU V. S.

BUREAU V. S.

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DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. K.

VS. A15ME(5) 5M 9/55 1575

ARYLAND ST	ATE DEPARTM	ENT OF HEALTH-	-BALTIMORE,	18
MEDICAL	EXAMINER'	S CERTIFICATE	OF DEATH	0.

Reg. Dist. 104207

	4633				Kag. Dil	A. 140.
1. PLACE OF GEATH Baltimore		MARYLAND	2. USUAL RESIDENCE (V		If institution, Resident	ice before admission)
Catonsvi	a mar hell of		Md		Baltos	
b. CITY OR TOWN (If outs de corporate limits, e and give neoreel lown)	orthe RURAL C. LENG	TH OF STAY IN 16	c. CITY OR TOWN (II	autside corporate lin	nits, write RURAL and	give negrest town)
Catonsville		C:	tonsville_	52		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give	street address)	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM?
12 Jones Row.			12 Jones	Row		YES NO NO
DECEASED	find abeth Burton	Middle	Last	A. DATE OF DEATH	Month April	Day Year 4⋅4/
	E 7- MARRIED NE		DATE OF BIRTH	9. AGE		
Fem Colore		DIVORCED	Jely 6. 1	1000 MON	Seedman A. Company	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of war during most of working life, even if retired		ISINESS OR INDUSTI	Y 11. BUTHPLACE (Stote	ar foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
during most of working life, even if retired	7	forman	Homa	ed Co M	R4	uso
13. FATHER'S NAME	11		14. MOTHER'S MAIDEN	NAME /		
Herry	Mous	el.	Men	1 Ha	unn	~~
15 WAS DECEASED EVER IN U. S. ARMED		CURITY NO 17. IN	FORMANT A	1201	Address 0 2	10 a
[Ym, no, ar unknown] [If yes, give war or dates	of service)		m The	& Tho.	Is mu	les fan
18. CAUSE OF DEATH Enter on one	cause per line for (a), (b),	and (c).				INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Acut	e cardiac	fallure			CHOSE AND DEATH
	1-7	o our arco	1011010			
DUE T						
gave rise to immediate cause		ve cardiov	ascular dise	ease		
(a), stating the underlying DUET	0					
	(c)					
PART II, OTHER SIGNIFICANT CO	MOITIONS CONTRIBUTION	IG TO DEATH BUT N	ot related to the term	INALDISEASE CONDI	TION GIVEN IN PART	PERFORMED?
E 200. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJ	URY OCCURRED. (Er	Her nature of injury in Por	t Lor Port II of item 1	R1	100 100 100
CAUSE OF DEATH.			na national at infair in to	I I WI I WAY II WA PERSON A	~-1	
5 20c. TIME OF INJURY Month, Day, 1			E OF INJURY (Home, form		(Cour	nty) (Stale)
20c. TIME OF INJURY Month, Day, 1		while facto	ry, street, office bldg., etc.	3		
21. I certify that I taak charg			re, held an Autops	y , Inspecti	an , Inquiry	and find that
death resulted from: Natura	- Printer	ident 🗍, Suid			nined cause .	Lar wild that
0.	1 11	11 11				
ACTUAL //	Mu Rio	I do	CHIEF MEDICAL E	(AMINER []		DATE SIGNED
SIGNATURE /	11900	11111	M.D. CHIEF MEDICAL EX			
EXAMINER'S NAME (Type) GOO S TO	. Kieffer	D.	DEPUTY MEDICAL	40	April	5. 10F8
		OP/CEMETERY OR J		~ ~ ~ ~	wawn, or county)	
220. BURIAL CREMATION, 22b. DATE HER REMOVAL (Speciff)	58 BM	Vin Hill	mal Am.	12,1111	- 41	Tel.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDI	RESS 2 5	1 - 240 PEC"	D BY REGISTRAR 2	4b. REGISTRAR'S SIGN	NATURE!
121 m CY -1 .	4	1. 5 2-2.	V 1 1 3	APR 9 '5\$	F A (a,)	SLEENA.
Butute it Waller	N AC	neurchi	U DATE			

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VS A15 (4) 15M 10/57 N. C. S. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4234 CERTIFICATE OF DEATH

Reg. Dist. No. 114219

3	o COUNTY	BALTIMORE	MARYLAN	II o. STATE	MARYLAND	deceased lived. If in b. COL		e before admission)
	RURAL and give n	•		b c. CITY OR	TOWN (If outside	e corporole limits, w	rile RURAL and gr	ve nearest fown)	
	FORT HOW		ES DAYS		ALTIMORE	C.		-	
	OR INSTITUTION VETERANS	TAL (If not in hospital, give st ADMINISTRATE)		d STREET	ADDRESS 1. NORTH	MADETRA S	TREET	ON A FA	ARM2
							LICLICAL	163 []	40 *V
	OF DECEASED (Type or print)	HARRY	Middle	CARMA		date of death <u>APRTI</u>	Month	Day Yes	~/ 6
	5. SEX	6. COLOR OR RACE 7.	AARRIED NEVER MARRIED			9. AGE (In)	reors IF UNDER	YEAR IF UNDER	100
	MALE	WHITE WID	OWED DIVORCED	AUGUST	28 1890	67		Doys Hours	Min.
	10a. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	106, KIND OF BUSINESS OR IN	IDUSTRY 11 BIRTHP	LACE (Stote or for	reign country)	12. CITI	ZEN OF WHAT CO	OUNTRY?
	JAN ITOR	ang me, even it rained	APARTMENT HOL	ISE CAMD	EN NEW	JERSEY	11	S.A.	
	13. FATHER'S NAME				MAIDEN NAME			130 - 31a	
	HARRY E			MOLL	IE OSBOU	JRN			
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		7. INFORMANT			Address		
	ves	WW-1	219-03-5510	CLIN REC	VET ADM	HOSP FT	' HOWARD	MD	
		ATH Enler only one couse p	er line for (a), (b), and (c).]					INTERVAL BETW	/EEN
		ATH WAS CAUSED BY:	MYOCARDIAL FIE	роспе				ONSET AND DE	EATH
	8 . 4	IMMEDIATE CAUSE (o)	LITOONUD TATI'L TD	MODILS				UNKNOWN	
	Conduitor if	DUE TO	CORONARY ARTER	TOGOTTO	w.a				
	Conditions, if a		UNKNOWN						
	couse (a), sloting								
	lying couse fost.) (c)							
	PART II OTI		NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL I	DISEASE CONDITION	GIVEN IN PART	1(o) 19. WAS AU PERFORM	TOPSY NED?
	5 PURT	AL CIRRHOSIS						YES XX	
	U (IF EITHER, NOTIFY	AS UNDERLYING (1) 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED (Enter noture o	af injury in Port I	or Port II of item 18	1		
	20c. TIME OF INJUR			PLACE OF INJURY	Home, form, 20	of. (City or town)	(Co	ounly)	(Stote)
	Hour o.m.		hile Not while work O	factory, street, office	e bldg., etc.)				•
			eased from JANUARY	7 5 10 7 9	. ADDIT	6 10	۲0		
	21. I Centity II	or waterided the dec	eased from a winners	1950	. TAPALL	J Y, 19.		DESCRIPTION	PENEC
	\$11/45CPUCCUCCUC	000000000000000000000000000000000000000	20000000000000000000000000000000000000	oth occurred at					
	ACTUAL A	(knowl)	Jen en			tESS (Street, city or t		DATE	SIGNED
	ACTUAL SIGNATURE	U1144/C1	Miller	M.D	AH Fort	Howard Ma	ryland_	4-6-5	8
And	PHYSICIAN'S THAME (Type)	ONALD D MARK		M.D.					
	220 BURIAL, CREMATIC	N 22b. DATE THEREOF	22c. NAME OF CEMETER	V OR COEMATOR	20.1	LOCATION (CA.			
	REMOVAL (Specify)		5	ATTONAT.		BALTIMORE	MARYLA	(Stote)	
	23. FUNERAL DIRECTOR		ADDRESS	VITOWAL	240. REC'D BY		REGISTRAR'S SIGI		
	WM. COOK-BL			DATES 350			REGISTRAR S SIGN	TO USE	
	MLI* OOOV-DI	IGHT INC 6009	HARFORD ROAD	BALTO MD	DATE ADR 1	0 '58	L P. M. 1	2 4	

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OF ANTOSO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4235 CERTIFICATE OF DEATH

Reg. Dist. No. 04210

7	Reg. D	ist. No. 17 % J
	1 PLACE OF DEATH Ballo Co MARYLAND 2 USUAL RESIDENCE (Where deceased lived finishing Residence of STATE Md. b. COUNTY)	nce before admiss on)
	b C TX QROWN (If outside corporate imits, write RURAL and RURAY and give nearest town)	give nearest town)
	Land of Hospital (If not in hospital, give street address) d STREET ADDRESS, STREET ADDRESS, Londout Street Address, 109 Conduct St.	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HARRIST A Middle Child's DEATH OLD	Day Year 1958
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER Months) WIDOWED WIDOWED DIVORCED MONTHS	R TYEAR IF UNDER 24 HRS Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 47. BIRTHRIACE (State or foreign country) ADMO WHALL 12. CT	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Nelleam P. Dadd Henriatta Hayan	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Elimore But 706 Bress Po	mouth Rd
	18 CAUSE OF DEATH [Enter only one cause per lage for (a) (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCURPHIA Bladder	INTERVAL BETWEEN ONSET AND DEATH Z UPO
	(8/, C) Canditions, if any, which (b)	
	gave rise to immediate couse (a), storing the under- lying cause lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 15.	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 White Not white at work at work 19 work 19 work 19 White Not white at work 19 w	County) (State)
	21. I certify that I attended the deceased from 3-24, 1938, to USUL 10, 1938, that I alive on Usul 10, 1938, and that death accurred at 10:17 P.M., from the causes and on t	last saw the deceased
	ACTUAL SIGNATURE CITOST M.D. 6805 MAX F.J.	DATE SIGNED
	PHYSICIAN'S LAURIENCE C. Post Ballinger 12	md.
	220 AYRIA. CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d DOGAT.ON (City, lown, or county) 4-13-58 Limes Limbolpoles	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE Som ADDRESS Marphilo 7 240 RECORD REGISTRAR'S SIGNATURE OF THE SIGNATURE OF	GNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Teath Tage 4 may be ratained by the hospital or otherding physic an.

TO FUNERAL DIRECT. After this certificate has been signed by the otherding physician and completely filled in by the Funeral director, page 3 should be detached for use as the buriaf-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to buriaf, cremation, or removal, and in any event within 72 hours after death. V5 A15 (4) 15M 9/55

N.



CERTIFICATE OF DEATH 4236 Reg. Dist. No. 1149 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) PLACE OF DEATH . COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN off outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) shaufd . 41 1 d. NAME OF HOSPITAL (If not in hospital, give street address) # d. STREET ADDRESS IS RESIDENCE
 ON A FARM? OR INSTITUTION YES 🔲 NO 📮 NAME OF DECEASED 4. DATE Middle Manth Day Year (Type or print) ĎĚATH 194 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Ipsy-bir/hday) Months Days Haurs WIDOWED [7] DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN, OF WHAT COUNTRY? dusting most of working life, even if retired) Koril 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) attendi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MONES IMMEDIATE CAUSE (a) **DUE TO** ģ ony Conditions, if ony, which Ē signed it permi gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. **burial-transit** icidn (c). peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? YES 📋 NO 🕅 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II af item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) Hour o.m. factory, street, affice bldg., etc.! While Nat while at work 🗔 at work p. m. 1990 that I last saw the deceased 21. I cortificathat_I attended the deceased fram a and that death accurred at 3,20 M, from the causes and an the date stated above. ADDRESS (Street, city or tower state) ACTUAL SIGNATURE DIRE å prior O FUNERAL DIRE PHYSICIAN'S NAME (Type) O HOSPIT 220 BUR AL CREMATION. DATE THEREOF 22d LOCATION (City, town 22c. NAME OF CEMETERY OR CREMATORY. or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNAFURE DATAPR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



E.V UASSUR

VS A15 (4) 15M 10/S7 I

27

4237 CERTIFICATE OF DEATH

Reg. Dist. No.

04212

1. PLACE OF DEATH o. COUNTY	Baltimor		MARYL	AND	2. USUAL RESI o. STATE	DENCE (WIN	ere decease	ed lived. If institut b COUNT	(o odmiss or	_
b. CITY OR TOWN (RURAL and give n	If outside corporate limi	its, write c. LE	NGTH OF STAY I	N 1b	c. CITY OR	TOWN (If o	ulside corpo	orale limits, write	RURAL ond	give nea	rest town]	
Catons	ville		3mthl5dy:	3		ena, l	Maryla	and		4	~	7
OR INSTITUTION	TAL (If not in haspital, g	give street addres	15}		d STREET	ADDRESS	•				e. IS RESID	ENCE ARM?
SPRING GI	ROVA STATE	HOSPI	TAL		Unkn	own					YES 🔲	
3. NAME OF DECEASED	Fu	rsl	Middle		lo	**	4. DATE	Ma	nth	Do	Ye	QI I
(Type or print)	Ida		Smith		Chu	te	DEATH	. A	pril	11	19	58
S SEX	6. COLOR OR RACE	7. MARRIED T	NEVER MARRIES	0	B. DATE OF BIRT	Н		9. AGE [In years lost birthday]			IF UNDER	
female	white	WIDOWED [DIVORCED		Jan. 1			81 yrs	Months	Doys	Hours	Min
10a. USUAL OCCUPATE	ON (Give kind of work i king life, even if retired	done 10b KIND	OF BUSINESS OR	INDU	STRY 11 BIRTHP	LACE (Stote o	or foreign c	country)	12 CIT	IZEN O	F WHAT C	OUNTRY
house		'				New	York		U.	S.	A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Thoma	as Smith					Edith	But1	ler				
15. WAS DECEASED EVE	R IN U S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	17, 1	NFORMANT				dress			
no	(If yes, give wor or dates of s	unkne	OWYS.	Re	ecords:	SPRIN	ic ca	ROVE STA	TE H	OSP]	Τ ΔΫ.	
	ATH [Enter only one co				rminal				F		RVAL BETV	VEEN
	TH WAS CAUSED BY:	A such a such	losclerot	= -	cardiov	ascula	or dis	Sease			ET AND D	
422.1	IMMEDIATE CAUSE (o			02.0	0614101	2000	41 (42)	Jease			-	
Conditions, if a			ioscleros	212	CODOTO	14000	and s	201/070				
gove rise to i	mmediate (roacter or	120	Kenera.	LIZEU	autu e	se vere				
lying couse last.	the under-											
	HER SIGNIFICANT CON		IBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	SE CONDITION GI	VEN IN PAR	I liol 19	. WAS AU	TOPSY
ATA		-							1614 111 1 711	, ,(0)	PERFORA	MED?
200. ACCIDENT W	AS UNDERLYING []	20b. DESCRIBE	HOW INJURY DO	CLIRRE	D. (Enter nature o	of injury in P	ort I or Par	rt II of item 18 h			YES 🗍 I	NO 4E
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER											
	Y Month, Day, Yea	or 20d, INJURY	OCCURRED 12	20e. PL/	ACE OF INJURY (Home, form	206 1510	v os towni	1/	County)		(State)
Hour o.m.	19	While I	Not while	foc	tory, street, offic	e bldg., etc.)) {	y or lowing	10	_auntyj		(sint)
			if work	10.5			1					
	at I attended the											
alive anA}	ril II,	12 58	, and that a	death	occurred at			m the causes		he dat	e stated	abave
1 2		1 - 0	- 1	7				itreet, city or town	. state)			E SIGNES
ACTUAL SIGNATURE	runo -	KERO	ousk	an	MD. SPR	ING C	GRO.E	STATE	H0251	TAL	4-1	11-58
PHYSICIAN'S	D 5											
NAME (Type)	Bruno Rac		M. D.		Cate	onsvil	lle 2	8. Mary La	nd			
220. BURIAL, CREMATIC REMOVAL (Specify))F 22c.	NAME OF CEMET	ERY O	R CREMATORY		22d. LOCA	TION (City, lawn,	or county)		(State)	
Cremation	Apr. 14,	1958	Green	mou	nt			Baltim	ore.	M	aryla	nd
23. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS			24a. REC'0	BY REGIS	TRAR 24b. REG	STRAR'S SIC			
William	Cook, Inc.	121	7 St. Pa	Για	Street	DAMEDR	1.5.158	Day	-	1		
								U U	- LIBELL	/k		



& .V UALHUA

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	Ŧ	7
	V	

may be retained by the purple of attending physician.

Deutsel Director After this certificate has been signed by the attending physician and completely filled in by the traveral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

ATTENDING MYSICIAM: The law requires that the death certificate be executed within 24 haurs ofter TO FUNERAL DIRECT poge 3 should be de

VS A15 (4) 1SM 10/57

		<u> </u>	30	CERTIFI	CAII	COFL	EAIL	•		Reg. Dist.	No.	
1	. PLACE OF DEATH o. COUNTY	ALTIMORE		MARYLAN	- 11	a. STATE	ARYLAN		lived If institution b. COUNTY	an: Residence	before a	dmission)
ı		outside corporate limits, write	c. LENG	TH OF STAY IN	Ъ	c CITY OR I	OWN (If or	utside corpor	ote limits, write R	JRAL and giv	re negresi	lown)
	FORT HOUA	RD	33	DAYS		BAI	THE MOR	Œ		* .	,	×
		AL (If not in hospital, give stre	et oddress)			d. STREET A	DDRESS				e. I	S RES DENCE
		ADMINISTRATION	HOSE	ITAL		173	2 NORT	TH CAR	EN SINFIERD	Т		S NO
3	NAME OF DECEASED	First		Middle		Los	1	4. DATE OF	Man	th	Doy	Yeor
	(Type or print)	JOHN		W		CLARI	K	DEATH	APRI	L	6	19 58
5	. SEX	6. COLOR OR RACE 7. MA	RRIECKY	IEVER MARRIED [] 8. D#	ATE OF BIRTH	4		9 AGE (In years last birthday)			UNDER 24 HRS
	MALE	412200	WED 🔲	DIVORCED [a Duris	UARY		92	66 yrs.			
ľ	during mast of work	N (Give kind of work done 10 ng life, even if retired)	b. KIND OF									HAT COUNTR
	CHAUFFEUR		PRIVA	TE FAMIL		BALT		MARY	LAND	U.	S.A.	
ľ	3 FATHER'S NAME	7 1 7 1 7			14	. MOTHER'S						
1	CHARLES C			PERINTY NO. 12	7 INSOR		SNOW	EN				
ď	Yes no or unknown)	I yes, give war or dates of service)		8-5641		REC	VET A	OH MO	Adde SP FT HO		TYCLAT	ARTE
-	YES	WW-1			CTITTA	TEC	V.C.J. F	טה העני	or el no	T CITEN	ARYL	
		TH [Enter only one cause per H WAS CAUSED BY			CTO						ONSET	AL BETWEEN AND DEATH
	581.0	IMMEDIATE CAUSE (a)	PURTA	L CIRRHO	1272						UN	KNOWN
		DUE TO										
1	Ganditions, if on	mediate										
	cause (a), stating t	he under-										
1		FR SIGNIFICANT CONDITION	S CONTRIBL	ITING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART I	(a) 19 V	VAS AUTOPSY
1	COLECT	OMY FOR ADENOC									P	ERFORMED?
NOIL OUTLINES	20g. ACCIDENT WAS	UNDERLYING [] 206. DI		W INJURY OCCU	RRED. (En	iler noture of	f injury in P	art I ar Part	El of item 18.)			יאי ואי
		MEDICAL EXAMINER)										
A COLOR	20c. TIME OF INJURY		INJURY O		PLACE (OF INJURY II	tome, form,	20f. (City	or tawn)	(Co	unty)	(Slate)
18	Hour a.m.	19 Whi		while work	raciony,	silver, diffice	piog., etc.					
	21. I certify the	IVAttended the dece	sed from	MARCH L	la.	. 19 58	to APF	RIL 6	1958	MAKETAN		HORROSS
	alive-on-	vocescescent &										
	//	In . 8 4-7	meneral speak	0					eet, city or town,			DATE SIGN
П	ACTUAL SIGNATURE	suced Ph	160	p	M.D.	VAH E	Fort H	loward	Marylan	d		4-6-58
	PHYSICIAN'S NAME (Type)	ONALD D MARK					,					
2	20. BURIAL, CREMATION		22c. N/	AME OF CEMETER	Y OR CRE	MATORY		22d. LOCAT	ION (City, tawn, o	ir county)		(State)
	REMOVAL (Specify)	4-9-58	BA	LTIMORE	NATT	ONAL		BALTI	MORE MAR	YLAND		
- 7	. FUNERAL DIRECTOR'S		ADI	DRESS			24a. REC'D	BY REGISTE	AR 24b REGIS	TRAR'S SIGN	IATURE	
1. (CHARTES D T	ANT MADMITADY RO	O MAT	TCOM ATT	A TOT A	770 14D			0 /	-	11	

TRAPATTS

BUREAU Y. S.

Reg. Dist. No.

camillemly filled in by the Kuneral director, papers. Pages 1 and 2 should be filed with Then please remove carbon papers.

Aller this certificate has been signed by toched for use as the buriol-transit permit. TO HOSPITAL OR AT may be relained by TO FUNERAL DIRECT page 3 should be de

VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofte

/ ma /	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased liyed. If institutioni Residence before admission)
(m)	Baltimere MARYLAND	O. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (* autside corporale limits, write RURAL and give nearest town)
	RURAL and give nearest town), N/h05V1//et Life	x Kingsville
	d. NAME OF HOSPITAL (If not in hospital, give street address)	, d STREET ADDRESS . IS RESIDENCE
*	OR INSTITUTION Belair Rd.	Beloir Rd. VES G-NO D
	3. NAME OF First Middle	
	(Type or print) Mayle E	OF.
	770.70 2.70	DATE OF BIRTH 9. AGE (In your IFUNDER 1 YEAR IFUNDER 24 HRS.
	Female White WIDOWED DIVORCED	OCT. 20, 1898 Ost Dirthdoy) Months Doys Hours Min
Ę	10a. USUAL OCCUPATION (Give kind of work done during goos of working life, even if retired)	TRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY.
ofter deat	Housewife At Home	Balta Co. Md. 11.5.4
6	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
25 O.	Frank Hartkonf	Mory A. Sittia
in 72 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or prinnown) 1 (If yes, give war or dates of service)	FORMANT Address
72	No None Mr.	John F. Claman Hydes, Md.
vent within	18 CAUSE OF DEATH [Enter only one couse per, line for (a), (b) and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	E Jear Failure ONSET AND DEATH
	DUE TO ONLY	· p/ 1/01
*	Conditions, if any, which) (b) / Well att	e gean Durace 50 yrs,
° 1	gave rise to immediate Duc TO	
7	lying cause last.	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?
9	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT STORY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	10 MY - PERFORMED?
E		. (Enter nature of injury in Part I or Part II of Jem 18.)
ö		·
riou	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
crematio	Maur a. st. While Nat while foc	tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Cug. 2:	2. 1934: ta 0 124 - 29, 195 Othat I last saw the deceased
buriol	alive on Opr. 29 1958, and that death	164117575
,ă	O O O O	Occurred at M. from the causes and on the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
5	SIGNATURE LA OVA TI / Judson	FORK MD
E /	11/2/1/2011	No ingress of an analysis of the state of th
the registrar priar	PHYSICIAN'S PLIFFOR F.	HUDSON
D	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
94	BUTION May 2, 1958 ST. Michaels	Lutheran Perry Holl Betto. Co. Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	Tassahn Junieral Home 7401 Kelan	Ade DATE APR 3 0 '58 Wheaveh
U		

BUREAU Y. R.

DOST OE AGA

DECENSED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI Reo. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admiss on) o. COUNTY Baltimore files. Health, b. COUNTY Maryland BERTHAN STORY Baltimore b. CITY OR TOWN III outside corporate bruth, wrote RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparks Parkton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS e IS RESIDENCE ON A FARM? Harrisburg Expressway Mt. Carmel Rd. . ao YES NO X 3. NAME OF Middle 4. DATE Yeor DECEASED Howard Monroe Cole (Type or print) DEATH 4-20-58 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5 SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5 bughday Months Hours Dovs WIDOWED T male white DIVORCED [SO 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? oge Asst. Enginer U.S.A. Metr.Dist.Balto. Maryland 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME James M. Cole Rebecca Vance 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. at unknown) Parkton, Md. no 220-07-959 Elsie P. Cole. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gave rise la immediate cause **DUE TO** (a), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO 1 700. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,) 20f (City or town) 20c. TIME OF INJURY Month, Day, Year (County) , factory, street, affice bldg , etc.) at work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection apinion death resulted fram: Natural causes 🗋. Accident 🟳. Suicide 🗍. Hamicide 🗍. Undetermined manner DIREC DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL E ASSISTANT MEDICAL EXAMINER [7] EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO BURIAL CREMATION, 226, DATE THEREO 27d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Parkton, Md. 0 Carme] 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE owson4. Md. A15ME



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. NJ 4216 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) I directo o. COUNTY o. STATE 5 COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aland give nearest town) payrous d. NAME OF MOSPITAL (If not in hospital, give street address) ad. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOY 3. NAME OF 4. DATE DECEASED DEATH (Type or print) 19 0 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Min. HITF WIDOWED 17 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER WYU S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 협 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 00 DUE TO Canditions, if ony, which gove rise to immediate DUE TO casse (o), stoting the underlying couse lost. PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work ottended the deceased from 2 Othor I lost saw the deceased ____M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL prior SIGNATURI "0 PHYSICIAN'S 8 NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) NO. (Stote) TO REMOVAL (Specify) 234 FUNERAU DIRECTOR'S SIGNATURE ADDRESS 24a, RÉC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE APP 15M 9/55

PECENVED 1953

BUREAU V. 8.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4242 CERTIFICATE OF DEATH

Reg. Dist. No. 1232

1,	PLACE OF DEATH		2 USUAL RESIDENCE (Where	e deceased lived. If instituti	on Residence	before admiss	ion)
	Baltimore County	MARYLAND	MARYLA	ND b. COUNTY	FILEI	DERIC	K
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporate limits, write R	URAL ond giv	e negresi low	n)
	Mt. Wilson, Maryland	491 mon Rs	RURAL	FREDER	ICK .	11. >	M.
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		, ,	e. 15 RES	IDENCE
N	t. Wilson State Hospital		R.D. #2 1	FREDERICK	,		L FARM?
3	NAME OF First	Buchanamodie	lost	I. DATE Mon	th	Day	Yeor
	DECEASED (Type or print) W/LL/A-M	BAROLXXXXXXXXXXX	ANCOSGRAVE	OF DEATH	_	1	19.52
5. 5		HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR IF UNDI	
	MALE WHITE WIDOWE	DIVORCED	5-10-14	last birthday) 43 yrs	Months De	oys Hours	Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole or	foreign country)	12 CITIZE	EN OF WHAT	COUNTRY
	FARMER F	4RMING	MARYL	4 ND	U.	S. A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME			
	HARRY G. COSG	RAVE	ANNIE	DIXON			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Addi	ress		
		20-16-1212 F	lospital Record	s. Mt. Wilson	State	Hospi	tal
	18. CAUSE OF DEATH [Enter only one couse per lin					INTERVAL BE	TWEEN
	PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	'4LMONARY	1 TUBERCU	160515:		ONSET AND	DEATH
	DUE TO	1				30	
	Conditions, if ony, which) (b)						
	gove rise to immediate DUE TO						
	lying couse lost.						
NO	PART IT OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY
CATI						PERFO	RMED?
CERTIFICATION	206 ACCIDENT WAS UNDERLYING 206. DESCOR CONTRIBUTING 206. DESC	RIBE HOW INJURY OCCURR	ED (Enter nature of injury in Por	t t or Port It of item 18.)			11- 12-
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			ACE OF INJURY (Home form, etory, street, office bldg., etc.)	20f. (City or town)	(Cou	inty)	(State)
MEG	Hour d. m. While of work		and it are an orner modify fact i				
	21, I certify that I attended the decease	ed from D. 2	J. 195C, 10 4	- 9 - 1050	7 that I las	t cow the	doceanad
	alive on 4- 6- 195	and that deat	occurred at 5.30 A	M. from the course of	and on the	doto state	od obovo
	1 10 0.	-6-5-7		DRESS (Street, city or town,			ATE SIGNED
	ACTUAL SIGNATURE A MICHAIN MI	werm	MD Mt. Wilson	, Maryland	4	49-	SP
	PHYSICIAN'S LITT 1 am Navracomos		A				22-2
	NAME (Type) William Newcome)	r, M.D.	Superin	tendent			
	BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY C		d LOCATION (City, town, o	or county)	(State	e)
	1-11-58	Mount Olivet	Cemetery	Frederick, Ma	aryland	1	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D B	BY REGISTRAR 24b. REGIS	TRAR'S SIGNA	ATURE	
IY	11 Talkedon Xm	1 trodoner Va	MUSY DATE	APR 1 0 198 C	2006	~ 1	

SPE OF APA

SPECIAL V. S. V. VABRIUB.

VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4243 CERTIFICATE OF DEATH

Reg.		61	4	9	1	0
Reg.	Dist.	No	-	4	İ,	\circ

1. PLACE OF DEATH o. COUNTY Political			MARY	LAND	O. STAIL	ENCE (Who	ere decease	d lived If institut b. COUNTY			admission)
b. CITY OR TOWN (II RURAL and give no	foutside corporate limite orest town)	s, write	c, LENGTH OF STAY	IN 16	c. CITY OR T			rote limits, write l			est town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi				/ d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						ARM?	
	w. Pennsyla	avnia	a Ave,			497	Iry C	hurch Pd	•		YES N	10 🗆
3. NAME OF DECEASED (Type or print)	FIG. RTOH		Middle FRANCT	· di	Lost	ep.	4. DATE OF DEATH	Mo		Doy	Yea 19	
5. SEX		45-4	IED N NIW MARKE	100	8. DATE OF BIRTH	sn.		9. AGE (In years lost birthday)	IF UNDE	RIYEAR	UNDER 2	24 HRS.
nale	white	WIDOWY	DINX DIVORCE	KI.9	June 17	, 190	1	56 yrs	Months	Days	Hours	Min,
10a. USUAL OCCUPATION during most of work	N (Give kind of work ding life, even if retired)		KIND OF BUSINESS O	R INDU	Md .	CE (Stote o	or foreign c	ountry)	12. CI	ITIZEN OF	WHAT CO	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Francis Mar	ion Crook				Bian	ica Ma	hler					
	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO	. 17. ti	NFORMANT			Add	lress		·····	
:10	it yet, give wor or dome or te		5-10-21,43	1/2	. Richar	d F.	Crook	. Jr35	18 Wi	le Ch	errv	73.
Conditions, if all gove rise to it cause (a), stating lying cause lost. Part II. OTH	the under CONE	DITIONS <u>C</u>			NOT RELATED TO	THETERMIN	NAL DISEAS			RT 1(o) 19	WAS AUT PERFORM YES N	ED?
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF									
20c. TIME OF INJUR Hour p. m, p. m.	Y Month, Day, Yea 19	While	Not while of work	20e. PL	ACE OF INJURY (History, street, office	lome, form, bldg., etc.	20f. (Cily	or town)		(County)		(State)
21. I certify the alive an	at I attended the	deceasi _, 12_;	- C /	death	accurred at,	1321	M, from	treet, city or town,	and an i		stated	
PHYSICIAN'S NAME (Type)	65 A. 15 E	-72	Ack			145	ole 4	med				
220 BURIAL, CREMATIO REMOVAL (Specify)	1,/22/58	F	Loudon		Cem.				o . M	ld.	(Stole)	
23. FUNERAL DIRECTOR	Tickne	19	Sous !	Seel	1017,		BY REGIST	758 24b. REG	STRAR'S SI	IGNATURE ^		
1/					bulle			-0,00	11-20	LLCK		

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BUREAU K. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04219 CERTIFICATE OF DEATH Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY o STATE g **b.** COUNTY MARYLAND Baltimore Mary] and b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) placks Fort Howard 21 Days Edgemera d NAME OF HOSPITAL (If not an haspital, give street oddress)
OR INSTITUTION r Pe d. STREET ADDRESS e IS RESIDENCE Veterans Administration Hospital YES NO Sycamore Ave NAME OF 4. DATE Middle Month Year DECEASED OF (Type or print) DEATH Bolomon 19 9 AGE (In years last birthday) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HR Months Days Hours DIVORCED | WIDOWED | Male papers. Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Laborer Steel Sparrows Point. Md. U.S.A. carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Crooms. Mary Nelson. dve 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address YES WW Clin. Rec. Vet Adm. Hesp., Ft. Howard, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE 1 Month IMMEDIATE CAUSE (o) DUE TO ARTERIOSCIEROTIC CARDIOVASCULAR WISEASE YEAR Conditions, if ony, which] gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19, WAS AUTOPS PERFORMED? DIABETES. YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not white at work of work p. m. MXXXXXXX and that death occurred at 2: 114 M, from the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE M.D. VAH. FT. HOWARD, MARYLAND. PHYSICIAN'S NAME (Type) **建一种工作的** WILSON M. D. 220. BURIAL, CREMATION, 22b. DATE THEREOI 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) page REMOVAL (Specify) Mount Calvery Cometery Anme Arundel Co.. Maryland. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57 Law Mertuary, 802-94 Madison Ave., Balto., Md.

BUREAU V. S.

5 8 1328

DBAISON

20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

5. SEX

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

WACHSLEP Catonsville 28, Maryland 22c NAME OF CEMETERY OR CREMATORY

ADDRESS

FUNER

VS A15 (4) 15M 10/57

abod

director

filed

23. FUNERAL DIRECTOR'S SIGNATURE

24a REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE



BUREAU V. S.

4204 CERTIFICATE OF DEATH IN PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Balto. b. CITY OR TOWN (if outside corporate limits, write, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Arbutus Dundalk d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION
219 Oaklee Village d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 876 Mildred Ave. YES NO 2 NAME OF First Middle 4. DATE Lost Month Day DECEASED GRACE DAVIS April (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HPS. 8 DATE OF BIRTH lost birthday) Months Davs Hours DIVORCED | Jan. 27, 1892 66 WIDOWED | white female yrs. papers. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) insurance Clerk (rtd Mar yland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Davis Hannah Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs. Nellie Bromwell - 876 Mildred Ave. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c) Cerebral Vascular Accident days DUE TO Arteriosclerotic Cardio Vascular Disease permit. Conditions, if ony, which vears gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPSY PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 ar Part II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (State) (County) foctory, street, affice bldg., etc.) Hour D. 170. Not while at work of work 21. I certify that I attended the deceased from 3-31-58 19 to 4-3-58 19 that I last saw the deceased and that death accurred al 100 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE FUNERAL I PURISCIANTS NAME (Type) James R. Grabill 1945 W. Belto St. Balto 23 Nd 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote) REMOVAL (Specify) Ruri a. Loudon Park Balto. 23. FUNERAL DIRECTOR'S SIGNATHRE /ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

WI ALL

R'A NEW Y. R.

7				76	*0	CERT	IFICA	ATE O	F DEAT	H		R	eg. Dis	l, No.		J. 14 14 1
-	1 P	LACE OF DEATH	altimore			MAR	YLAND	2. USUAL o STAT	RESIDENCE (W	here deceosed ryland		tut on E	Residence Balt	e before	e odmiss Pe	ion)
	RURAL and give negrest lown)			oth of state.	Y -N 1b	I - ~	OR TOWN (IF		rote limits, wri	le RJR	AL and gi	ve near	rest town))		
		OR INSTITUTION	L (If not in hospitol, Alabama	_				1 4	eet address 9 Car	olina	Rd.			6		PARM?
	0	NAME OF DECEASED Type or print)	Paul	rst F 'I	rist	Middi Middi		vis,	Sr.	4. DATE OF DEATH		Month 2-5	58	Doy		Yeor 19
	5 \$	male	6 COLOR OR RACE white	WIDOWE	D 🔲	DIVORC	ED 🔲		8-06			-		Doys	Hours	R 24 HRS Min
١		USUAL OCCUPATION during most of works Vic.Pres				BUSINESS ruct			Maryla Maryl		ountry)			S.		COUNTRY
,	13.	FATHER'S NAME						14. MOT	HER'S MAIDEN							
		Mark N WAS DECEASED EVER	. Davis	nesen la c		SECURITY N	- 122 1	IBM THAMSON	y Com	fort		Address				
			f yes, give wer or dotes of			3-79			Lee	Donto		zeneoz zod.				
	NC	PART I. DEAT PART I. DEAT A O , / Conditions, if on gove rise to im cause (o), stoling to lying course lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO y, which (mediate (DUE TO	Co Co	140 per	CARD, WARY VARY	THEA		DISEAS		E CONDITION	GIVEN	IN PART	ONSI ON	E F	DEATH 1200 TZ HINDTO PAINOTO AUTOPSY
3	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b DESC	IRIBE HO	W INJURY	OCCURRE	D. (Enter nat	ure of injury in	Port I or Por	t II of item 18.)				RMED?
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	No	CCURRED t while work	20e. Pl. for	ACE OF INJ	JRY (Home, for office bldg., et	rm, 20f (City	or town)		(C	ounty)		(State)
)		21, I certify the alive an	Ovald L.	decease 19 Som	28,	, and tha	t death	мо. 2	53, 10 1 at 10:15 5 W. Low			es and	d on th			decease ed abave ATE SIGNE
		BURIAL, CREMATION REMOVA. (Specify) DUTIAL	4-5-58	OF .	Pr	ospe		R CREMATO		Tow		Mo	1.		(Stot	e)
	23.	funeral director's I. Suptl B		22 Y		Rd.,	Tows	on4,1	Id. DATE AT	2'D 8Y REGIST		EGISTR	AR'S SIG	NATUR	E	

TO HOSPITAL OR TITLE INTO INTO THE SOURCE IN THE low requirements that the death certificate in exempted within 24 librars of the continuous physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely fulled in by the funeral director.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely fulled in by the funeral director.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely fulled in by the funeral director.

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TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely fulled in by the funeral director.

VS A15 (4) 15M 9/55

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OBVERSING. V. V. VABRUA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) D. COUNTY filed **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 .c...CITY OR TOWN (If outside, corporate limits, write RURAL and give nearest town) RURAL and give negrest town) should d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 24 YES NO Pue NAME OF First Middle Lost 4. DATE Yeor Month Day DECEASED OF DEATH (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Doys Hours WIDOWED | DIVORCED I papers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY [1] BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of warking life, even if retired) gud carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6000 IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 13 YES NO F 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part III af item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg , etc.) Hour e.m. While Not while at work at work . 19 ____that I last saw the deceased 21. I certify that, I attended the deceased fram. and that death accurred at 3.50/4M, from the causes and on the date stated above. alive an ADDRESS (Street, city or lawn, state) ACTUAL SIGNATURE etained AL DIREC å FUNERAL DIR PATRICIANTS NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOI NAME OF CEMETERY OR CREMATOR LOCATION, (City, town/ or caynty) (State) REMOVAL (Specify) 10 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNAFURE VS A15 (4) DATAPR 8 1SM 9/55

S'A ATTINA

DECEIVES

22c. NAME OF CEMETERY OR CREMATORY

Cemeterv

Olivet

Place

04224

(State)

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) V 4-1-11 e. IS RESIDENCE ON A FARM? YES TO NOT Day Year April 5 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? USA Mrs. Anna Seybold, 5230 Linden Hts Ave-15 INTERVAL BETWEEN ONSEL AND DEATH Ehrs WAS AUTOPSY PERFORMED? YES INO I (County) (State) 19.57 that I last saw the deceased and that death occurred at 16 M, from the causes and on the date stated above. DATE SIGNED

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

Baltimore, Laryland

245, REGISTRAR'S SIGNATURE

page 0

220. BURIAL, CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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Rutaw

4-8-58



April 1

SILLAN

ATTENDING

this

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copy

director,

13.

A15C 1-55 10M -

04225

4249 CERTIFICATE	OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Bairings	AA .
COUNTY OF LT MORE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE PIA-RYLDNOCOUNTY CITY (If outside corporate limits, write RURAL end give nearest town)
OR end give nearest town) (in this plece)	, OR
MYDE AID. 33ERS.	X TOWN HYDE, MO.
HOSPITAL OR INSTITUTION OR	/ STREET / ADDRESS (If rural give location)
STREET ADDRESS (FLEN ARM KD.	GLEN HEM KD-
S. NAME OF Print (Middle) DECEASED (First, (Middle) DeceaseD (First, (Middle))	Lest) OF DEATH April 4 1958
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
Specify MDERIED A .	13, 1892 65 yrs. Months Deys Hours Min.
done during most of working life, even if OR INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired) HOUSEWIPE AT HOME	BUFFALO - N.Y. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	DOROTHY SCHAN ALZ
(Yes, go, or unk.) (If Yes, give war or detes of sarvica)	3
NO 220-20-171	MR. JAY DE PIELDS GLEK ARM RD.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
1" IMMEDIATE CAUSE (A) Malignant OVS	rion Cystedenoma Zyrs.
2115 70	
VILLEGENELLI CMORE(3)	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	
(c)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-14 29,19571 Large Duarian to	NO THE NO THE
21a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH OF INJURY streat, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or fewn) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED Ville While Hork Hork	TH, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1057 to April 1058 should be sound
alive on Afficial 19.57 and that death occurred at.	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
23. BURNAL CEMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City town, or county) (State)
BURITY 4-7-1958 FORK METE	HODIST CEM BALTIMORE CO- MO-
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FINERAL DIRECTOR'S SIGNATURE! ADDRESS ADDRESS
APR 8 159 Q. /	Sacran Juni Home 140 prefair & C.

HYDE, MD. 33 JES CLEN FRM RD.

MARYLAND HYDE, MO GLEK AKM RO.

HOUSEWIFE BY HOME BUFFILO - NY. U.S.A

POOLPH EDELMANN DOROTHY SCHANALZ

NO 220 20-7977 MR JAY DE FIELDS GLEK ARM ED

BURSEU K E

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BURIBLE 4-1-1958 FORK METHODIST CENT PARTIONNE CO- MID.

OBVERSEQ 2. V UALTUR UO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	425	1 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 0422
ACE OF DEATH COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Marvland	If institution: Residence before admission) , COUNTY
CITY OR TOWN	(If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim	nits, write RURAL and give negrest town)

	o. COUNIT	Baltimor	9		MARYLAND	o. STATE	Mary	land	b. COUNTY				
	b. CITY OR TOWN (I RURAL and give no	f autside corporate limit arest fown)	s, write	c. LENGTH C	OF STAY IN 16	11	town (if		rate limits, write R	URAL ond	give nec	irest fow	n)
П	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o	address)		d. STREET	ADDRESS					e IS RES	
	OK INSTITUTION	22 Elmon	t Av	θ,				ont Av	е.				NO NO
3.	NAME OF DECEASED	Fin			Middle	(Dobry	ļi.	4. DATE	Mor	th	Da	γ	Year
	(Type or print)	Anth	ony		C. Do	browol	ski	DEATH	4		12		1958
5. :	SEX	4. COLOR OR RACE	7. MARR	IED NEVER	R MARRIED 🔲	B. DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDE		IF UND	ER 24 HRS.
	Male		WIDOWE		OVORCED [June 1			7 1 yrs	Months	Days	Hours	Min.
10c	. USUAL OCCUPATIO	ON (Give kind of work of ling life, even if relired)	lone 10b.	KIND OF BUS	INESS OR IND	USTRY 11. BIRTHI	LACE (Stot	e or foreign o	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
-	oundry W	orker	Ba	rtlet	t-Hayv	ard Co	. 1	Poland	L		U.S	. A.	
13.	FATHER'S NAME					14. MOTHER							
	Fran	cis Dobro	wols	ki			Kate	arzyne	Kuczan	cski			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	and and the			INFORMANT			Add				
,	N. no er unknown)	None	""" P1	2-07-	9530 A	Irs. St	alla	Dobro	wolski	22 1	Elmo	nt	Ave.
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b),							INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:		Camair	ome o	the 1	1122 (2) (2)				ONS	ET AND	
	763X	DUE TO			IUIIIA U	LILES_I	nnea				3	yrs	3.
	Conditions, if a	ou which \											
	gove rise to in	mmediate (<u> </u>					-		
	lying cause fost.	ILLA DUGAL-											
ž		J (c) IER SIGNIFICANT CONI		ONTRIBILITING	TO DEATH BI	T NOT PELATED T	O THE TERM	Albiai Diceas	E COMPLICATION OF	Chi INI DAI	DT 1/-> 1	O MIAC	ALITAGEV
ATIO	1 1 1 1 1 1 1		21110113	ONTRICOTING	D TO DEATH BY	THOI KEDIED I	O INC TERM	MINAC DISEAS	E CONDITION GIV	EN IN PAI	KI 1(0) I	PERFO	RMED?
E C	200 ACCIDENT WA	S LINDERLYING D	20h DESC	TRIBE HOW IN	HILDA OCCHOL	ED. (Enter noture	af lahuri la	Part Las Part	t II of them 10.1			YES [_	но 🗆
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		SKIDE INO TO III	TORT OCCUR	ED. (LINE HOIOIE	or injury in	TOTAL OF FOR	in or nem to.)				
MEMICAL	20c. TIME OF INJUR Hour a. js. p. m.	Y Month, Day, Yeo	While	UURY OCCUR Not while of work	e	LACE OF INJURY octory, street, offi	(Home, for ce bldg , et	m. 20f. (City	or fown)	([County]		(Slote)
	21. I certify th	at I attended the	decease	ed from	12-3-	19 5	7 to 4	4-11	19 58	3 that I	last so	w the	doceana
		4-11-58							n the causes o				
		(2)	00	0. 4	4 11101 0001	ii occuired di			reet, city or town,		ne da		ATÉ SIGNED
	ACTUAL SIGNATURE	1 400		24		un 1	.7. (a Ave.	. ,	to.6		
		1		1	,							-14	
	PHYSICIAN'S NAME (Type)	Dr. Rich	ard	R. Ri	gler								
220	BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME (OF CEMETERY	OR CREMATORY		22d. LOCAT	IION (City, town, i	or county)		(Stat	e)
]	BREMOVAL (Specify)	4-16-19	50	St.	Stanis	slaus		Du	indalk A	lve.	1:10	L.	
23.	FUNERAL DIRECTOR		0	ADDRESS	_		24o. REC	D BY REGIST	RAR 24b. REGI		GNATUS	E P	
	John J.	Duda 282	9 Hu	idson	St. 24	. Md.	DATE	APH 1	G '51 C	e Apli	Buc	h	

feral director, may be retained by the hospital at attending physician.

TO FUNERAL DIREC

After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be defacted for use as the burial-transit permit. Then please remove carbon papers. Bages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 haurs, after death.

death: Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the doath certificate be executed within 24 haurs after VS A15 (4) 15M 9/55

MITTEN A" &

EGELL VILLE

TO MODITAL OR ATTENDING FLYSICIAN: The low requires that the death certificate be exellated within 24 haurs offer path: Page 4 may be retained by the special physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the example page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer. death. VS A15 (4) 15M 10/57

I

	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18
	4252 CERTIFICA	ATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH Baltimore . MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland b COUNTY Baltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearestrown)	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) 55 Towson
۳,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8706 Raven Drive	d STREET ADDRESS 8706 Raven Drive e. 15 RESIDENCE ON A FARM? YES NOOT
	3. NAME OF First Middle BECEASED (Type or print) M/7. William M	Lost 4. DATE Month Doy Year OF DEATH April 15, 1958
	5 SEX 6. COLOR OR RACE 7 MARRIED □ NEVER MARRIED □ male white WIDOWED □ DIVORCED □	8 DATE OPBIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Instrument I
1	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU Retired Machinist	STRY (1 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY; Baltimore, Marulard USA
	13. FATHER'S NAME John Downey	Elizabeth Houck
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, no. or unknown) ; (If yes, give wor or dates of service)	NFORMANT Address 1. William M. Downey, Jr. same
	18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Engum Ana Constant Onset and Death Constant Cons
/	Conditions, if ony, which) the Carry of A	six of Liver
	gave rise to immediate couse (a), slating the under- lying cause last.	itin GRADE III
	3 anasarca	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
	GR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Port II af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mile Not while of work of wark	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 100 alive on 12 11 14 s., 1958, and that death	8, 19,54 to Carril 15, 1958, that I last sow the deceased accurred at 4 PM, from the causes and an the date stated above.
	ACTUAL SIGNATURE ACTUALLY Harbold	ADDRESS (Street, city or town, stole) DATE SIGNED A.D. 4706 Harford Road #14 4/16/5
	PHYSICIAN'S Harold V. Harbold	Baltimore, Maryland
	220. BURIAL, CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY CONTROL 4/18/58 Woodlawn	CEMETERY Baltimore, Maryland
	23 FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford Roc	2d #14 DATE APR 2 1 '58 24 REGISTRAR'S SIGNATURE

BUREAU V. S.

DECENACIO



To a moral APR 16

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission COUNTY b. COUNTY Prince George's Baltimore MARYLAND b CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town)
Catonsville "O" Street - S. E. - Wash.. 2 mths 3dvs d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION SPRING G STATE HOSPITAL ווחוו דרוב Street -3. NAME OF 4. DATE DECEASED OF DEATH Arthur Vernon English (Type or print) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8. DATE OF SIRTH 9. AGE [In years 1903 lost birthday) white male WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Engineering Mathemetician Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME zsbucherzoudódze Benjamin English Amanda xxxxxx Rudder IS WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 INFORMANT Address unknown Unknown Records: SPRING G ROVE STA' E 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) YKINSOMS DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY reconds, 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INVERY OCCURRED. Lenter nature of injury in Part I or Part II of item 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED factory, street, office bldg , etc l Hour a. m. While Not while at work □ Feb. 24, ... 1958 to April 28, 1958 that I last saw the deceased 21. I certify that Lattended the deceased from alive on

Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. HGS. ITAL INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) , and that death occurred at 655 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) Catonsville 28. Maryland

04231

IS RESIDENCE

YES NOT

10

FUNERAL C poge

Q VS A15 (4) 15M 10/57

23. FUNERAL D RECTOR'S SIGNATOR

22b

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type) 220 BURIAL, CREMATION,

Epiphany Cemetery ADDRESS

22d. LOCATION (City, lown, or county)

GROVE:

Forestville, Maryland 246 REGISTRAR'S SIGNATURE

246 REC'D BY REGISTRAR

STATE



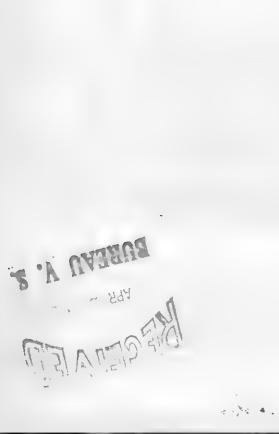
execute the certiful writing the word "pending" in pending 18. Give Pages 1, 2, and 3 to the functor did to Page me a should be forward to the Chief Medical Examinar's Office along with farm M. Give Pages 1, 2, and 3 to the functor did to the Chief Medical Examinar's Office along with farm M. Rage 5 may be retained farmar filles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Slave Board of Health. It are designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.
DEFUTY MEDICAL EXAMINER: This can be work should be formed to the Chief M. FUNERAL DIRECTOR: Page 3 should rits designated agent, prior to buring

VS A15ME 5M 2 '57

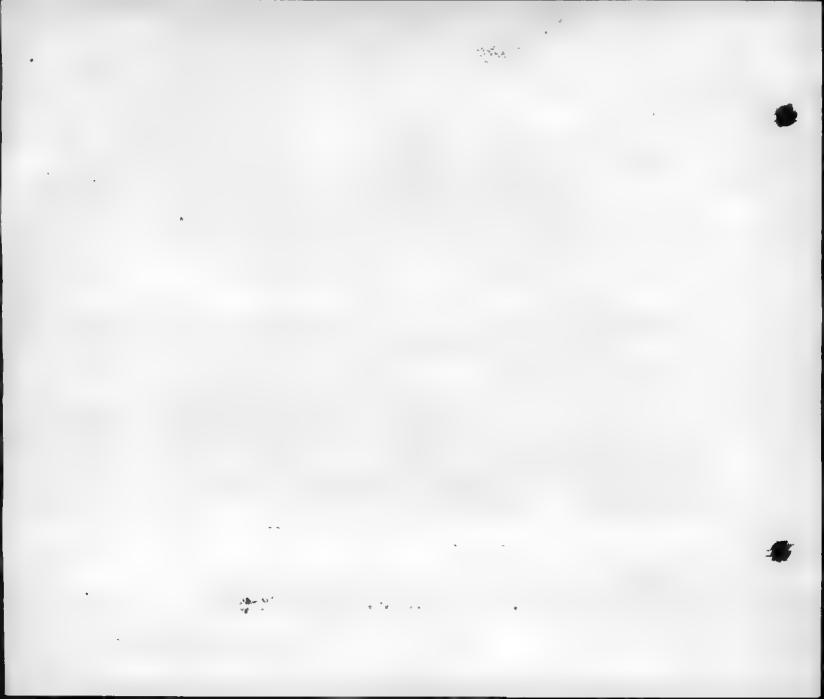
MARYLAND	ST/	ATE	DEP.	ARTA	AEN1	OF	HEAL'	TH-	BAL	TIMORE,	18
-MEDIC	AL	EX.	M	NER	'S C	ERT	IFICA	TE	OF	DEATH	

04232

	- 195c	Act of the second secon
	" - COUNTY / / .	USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission)
`	Baltimore MARYLAND	o STATE Maruland b. COUNTY Baltimore
1	b CITY OR TOWN (It outside corporate himits, write BURAL C LENGTH OF STAY IN 16	c. CITY OR TOWN (Il autside corporate I mits, write RURAL and give nearest laven)
	and give recrest lawn) Towson	-,- T
		d STREET ADDRESS TO STREET ADD
	. / 1 1	ON A FARN
	1627 Naturo Road	102/ Naturo Road YES NO 12
	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
	(Type or print) Mr. William	Eurich DEATH April 18th 1958
5. 9	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE	E OF BIRTH 9 AGE (In years le UNDER 14 AR IF UNDER 24 HRS
	male white WIDOWED DIVORCED DIVORCED DIVORCED	1/ 11 1917 I/O yrs Months Doys Hours Min.
100	100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 1	and the second of the second o
1 9	during most of warking life, even if retired)	D 11. M 1 1 11CA
12	yas o Electric (10.	Baltimore, Maryland J USA
13.	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
	Yohn H. Eurich	Anna Holland
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORM	
	Mrs.	Jeanne Eurich, 1627 Naturo Road,
	18. CAUSE OF DEATH [Enter only one couse per lyre for (a), (b), and (c)]	INTERVAL CETWERS
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATY
	IMMEDIATE CAUSE (0)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	DUE TO	
	Canditians, if any, which agave rise to immediate cause	
	(a), stating the underlying DUE TO	
	cause lost.	
7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CATION	XLY CONTRACTOR CONTRAC	NERFORMED?
CERTIFI	Do. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	and a second of the second of
13	3 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF	INJURY (Home, form, 120f (City or fown) (County) (State)
MEDICA	Hour a, m. While Not while factory, st	reet, affice bldg., etc.)
1	p. m. 19 of wark of work	
	21. I certify that I taak charge of the remains described above,	held an Autopsy 🔲, Inspection 🖪, Inquiry 🔲, and in my
	opinion death resulted from: Natural causes . Accident .	Suicide , Hamicide , Undetermined manner
	1 - 1/2/2 = -	
	ACTUAL COMPOSITO STATES IN DON	CHIEF MEDICAL EXAMINER
	SIGNATURE SILLELLE JCA STUTLE JM.C	ASSISTANT MEDICAL EXAMINER
1	EXAMINER'S () (3.1/2 T / 17)	DEPUTY MEDICAL EXAMINER []
	NAME (TYPO) 1 PO > 10 ST L- L. D. A. S'EEL	
220	220 BURIAL CREMAT ON, 226 DATE THEREOF 226 NAME OF CEMETERY OF CREM	(State)
	Burial 14/21/58 MORCIANO	Mark Ballo Md
23	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
	Leonard J. Rück 5305 Hartord Road #	74 DAMEPR 2 1 '58 Page (-)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY Baltimore Marvland b. COUNTY C. STATE fules. Health, Baltimore MARYLAND b. CITY OR TOWN (flavis de corporale limits, write RERAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). 15 Parkton Boord d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? funeral fained f YES NO Stote 3. NAME OF Middle 4. DATE Year DECEASED 19 58 (Type or print) ROBERT DIDIDISIDI DEATH April CHRISTIAN 5 SEX 6. COLOR OF RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. fait birthday) Months Haurs | Min WIDOWED [DIVORCED [Male wks yn 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO [17 yes, give wor or dates of service] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: of pencil in Its Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which pave rise to immediate cause DUE TO (a), stating the underlying cause last. 80 PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n) 19, WAS AUTOPSY CERTIFICATION TO PERFORMED? YES TEL NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Fart II of Hem 18.) CAUSE OF DEATH. 20r. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While e. m. Not while at work of work ø m. 21. Fcertify that I taak charge of the remains described above, held an Autopsy KI. Inspection . Inquiry and in my Suicide . Homicide . apinian death resulted fram: Natural causes [4], Accident [7], Undetermined manner DIREC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE xecute the c shauld be FUNERAL ASSISTANT MEDICAL EXAMINER TO EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) William V. Lovitt, Jr., M.D. 22c. NAME OF CEMETERY 22d LOCATION (City, town, or county) 220 BURIAL CREMATION, 276 DATE THEREOF (State) REMOVAL (Specify) 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 1746 REGISTRAR'S SIC VS A15ME 5M 2/57



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(M	

may be retained by haspitol or attending physician.

TO FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the model director, page 3 should be defoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or remayal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the disath certificate be executed within 211 haurs offer VS A15 (4) 15M 10/57

740	O CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY		O STATE	1 44-1	in: Residence before admission)
BALTIMORE	MARYLAND	MARYLAN	B. COOKIT	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR YOWN (IF or	utside carporate limits, write RU	JRAL and give nearest town)
FORT HOWARD	18 DAYS	X BALTIMO	ORE	
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE
VETERANS ADMINISTRATION I	HOSPITAL	/ 1339 POPLA	R PLACE	YES NO NO
3. NAME OF First	Middle	Lost	4. DATE Mont	h Day Year
(Type or print) CHARLES	S (NMI)	FELGER	DEATH APRIL	5 19 5 8
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		IFUNDER LYEAR IF UNDER 24 HRS
MALE WHITE WIDOW	ED DIVORCED	APRIL 3, 1871	last birthday) 87 yrs.	Manths Days Hours Min.
10a USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote of	ar fareign country)	12 CITIZEN OF WHAT COUNTRY?
BARBER.		BALTIMORE,	MARYLAND	U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN N.		
JOHN FEIGER		ANNIE AMEN	ī	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117 P	NFORMANT	Addr	PSS
YES (if yes, give war or dates of service)		IN. REC., VET.		FT. HOWARD, MD.
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b) and (c).1			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	FFUSE MYOCARDI	AT. RIBROSES		ONSET AND DEATH UNKNOWN
111	RONARY ARTERIO		DIGG IN U	
	HONAILE MILITALLO	POTEROPTO MITT	DITTENDUTARI I	UNKNOWN
Canditians, if any, which (b)				
cause (a), stating the under-				
lying cause last.) (c)				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES KOK NO
E 206 ACCIDENT WAS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pr	art I or Part II of item 18.)	10 1110
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)			·	
	NJURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f (City or Jown)	(Caunty) (State)
Havr a.m. While	Not while for	tary, street, affice bldg., etc.)		(County) (Side)
		-10		
21. I certify that VAttended the deceas		19.58, to APE	RIL 5 19.58.	seest categorical date.
wiredecoccoccoccogenia de la constanta de la c	xxxxx and that death	occurred at 5: 39 A	LM, from the causes at	nd on the date stated above.
1 Time at Page	100010	A	DDRESS (Street, city or town, s	tote) DATE SIGNED
SIGNATURE VIIII III	UK JUNY	M.D. VET. ADM.	HOSP FORT	HOWARD MD 1-5-58
PHYSICIAN'S DONALD D MARK	J	M.D.		
220 BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OF	REPRESENTE	22d LOCATION (City, town, or	county) (State)
REMOVAL (Specify) 4-9-50		IONAL CEMETERS		RYIAND ~ 4
Burial 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			
		9.4 . 9.5 9	IN III O O O	TRAR'S SIGNATURE
WM.COOK-BLIGHT INC., 6009	Harford Rd Ba	LTO PIQ DAYE	APRIUSB Lyr	I O MILE M

US VIZOSIA

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Item 12, Film G223, 4/21/CERTIFICATE OF DEATH Reg. Dist. No. 04236 with Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. filed p. COUNTY b. COUNTY MARYLAND Baltimore County b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town) should 2 Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1206 Birch Ave Manor 5743 Edmondson Ridgeway YES NO T NAME OF Middle 4. DATE Month Day Year DECEASED 19 58 12. Firth Sarah April (Type or print) Ann DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED TH DIVORCED | Sept-29.1884 papers. White Female YES 6 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup Duties Emgland U.S.A. carbon 13. FATHER'S NAME ofter 14 MOTHER'S MAIDEN NAME John W. Gee Alice Fishwick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 77-18-9744Mrs Edith Callahan 1206 Birch Ave Arbutus guipua 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ģ mit. Suc Conditions, if any, which gave rise to immediate 56 **DUE TO** couse (a), stating the underond lying cause last. burial-transit {c}. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19, WAS AUTOPSY PERFORMED? YES T NO'S 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED {County} (State) foctory, street, office bldg., etc.) Hour o. n. While Not while of work of work p. m. 21. I certify that I attended the deceased from Gral 12, 1958, that I last saw the deceased and that death occurred at 1045 . M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE/SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pege REMOVAL (Specify) Jefferson Memorial Pittsburg, Buria 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE VS A15 (4) Baltimore 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2 V UALLOS

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BARRES EN

CERTIFICATE OF DEATH

04237

Rea. Dist. No.

b. CITY OR TOWN (If autside corporate limits, write

erol director, be filed with

should

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ottending plysicion on competers.

n please remove carbon pages.

within 72 hours offer death.

remutims that the death certificate Ill assecuted

ath, Page

Baltimore

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)

1.	CO	DEAT Y

c. LENGTH OF STAY IN 16

o. SIMEaryland

b. COUNTY

RURAL and give newest fewn

Life

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) Baltimore

d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
ATMACOST NURSING Home

d STREET ADDRESS 727 Cator Avenue e. IS RESIDENCE ON A FARMY

3 NAME OF DECEASED (Type or print)	Anni	t E	Middle F.T	z patrick	4	OF DEATH	Apr	. 1	Do		Year 19 58
s. sex Female	17775 A 30 m	7. MARRIED [NEVER MARRIED DIVORCED	Aug. 12, 187	ייי		9. AGE (In years Separated by yes.	Months .		Hours	ER 24 HRS. Min.
100. USUAL OCCUPATION during most of work	N (Give kind of work of ing life, even if retired)	lane 10b KIND (ISTRY 11. BIRTHPLACE (SIO		Md.	ountry)	12. C	J. S	. A	COUNTRY
13. FATHER'S NAME	Parmalda			14 MOTHER'S MAIDEN			**				

ı	13.	FATHER'	5 NAMI	Š
			_	

Micuser realector

Catherine Gray

15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO Miss Dolores Fitzpatrick -727 Cator Ave. None

	18. CAUSE OF DEATH [Enler of		INTERVAL BETWEEN
	PART I DEATH WAS CA	USED BY: Per for solirostic Edido varon Cardina.	ONSET AND DEATH
	IMMEDIATI		11 /01
	. /	DUE TO	V
	Conditions, if any, which]	(b)	
	gave rise to immediate		
	couse (o), stating the under-	OT BUC TO	
	lying couse last.	(c)	
Z	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19 WAS AUTOPSY

PERFORMED? YES NO I

200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

MEDICAL 20c TIME OF INJURY a, m

20d. INJURY OCCURRED Not while ot work of work 20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.)

(Stole) (County)

JULIU 25, 1997, 10 21. I certify that I attended the deceased from, 19, 19 12 that I lost saw the deceased and that death accurred at 9:30 M, from the causes and an the date stated above. alive an

ACTUAL SIGNATURI

6100

PHYSICIAN'S FREDGRICK V NAME (Type) 220. BURIAL CREMATION, 225. DATE THEREOF

NAME OF CEMETERY OR CREMATORY Park Cemetery Nemoria]

22d LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

John A. Moran -3000 E. Ealtimore St.

240. REC'D BY REGISTRAR APR 2 2 158

24b REGISTRAR'S SIGNATURE

moy be retained TO FUNERAL DIRI page 3 should be of

TO HOSPITAL

MS V US SIGN

424

Seath: Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 9/55

4969 CEPTIEICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04238

CERTIFICATE OF D	-4111	Reg. Dist. No.
MARYLAND 2. USUAL RESIDE		
H OF STAY IN 16 c. CITY OR TO	WN (If autside carporate limits, write	RURAL and give nearest town)
OME JIP	DRESS F 57.	e. IS RESIDENCE ON A FARM? YES NO 21
Middle Lost	4. DATE MO OF DEATH ATT	onth Day Year
VER MARRIED 8. DATE OF BIRTH DIVORCED ACC	los/Qirthday)	Manths Days Hours Min.
		12. CITIZEN OF WHAT COUNTR
14. MOTHER'S N	IAIDEN NAME	
Air	UNA S	
CURITY NO 17. INFORMANT	LEUBECFER 10	by Fulier five
(b), and ,(c).]	ent Texterior	INTERVAL BETWEEN ONSET AND DEATH
Justile 1	Part Kien	
ING TO DEATH BUT NOT RELATED TO T	HETERMINAL DISEASE CONDITION G	J SIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
/ INJURY OCCURRED. [Enter noture of i	njury in Part I or Part II of item 18.)	
while factory, street, office b	ome, farm, 20f. (City or town) aldg , etc.)	(County) (Stote)
	M, from the causes	
M.D. > 5	2: 03/4 /	7 h -1 7.10
in). 2 i	7	
HE OF CEMETERY OR CREMATORY	BALTE, CO	o, or county) (State)
bacc.	240. REMINEY-REGISTRAR 24MMREC	GISTBAR'S SIGNATURE
	MARYLAND O. STATE H OF STAY IN 1b C. CITY OR TO J. J	MARYLAND H OF STAY IN 1b C. CITY OR TOWN [If outside carporate limits, write A STREET ADDRESS Middle Lost A DATE DEATH DEATH DIVORCED 11. BIRTHPLACE (State or fareign country) CURITY NO 17. INFORMANT Add ADDRESS CURITY NO 17. INFORMANT ADDRESS CURITY NO 18. DATE OF BIRTH DIVORCED 19. AGE (In year loss fareign country) CERMANY 14. MOTHER'S MAIDEN NAME ADDRESS CURITY NO VINJURY OCCURRED. [Enter noture of injury in Part I or Part II of item 1B.] CURRED CURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg, etc.) ADDRESS (Street, city or town) M.D. ME OF CEMETERY OR CREMATORY ADDRESS (Street, city or town) BALTO COMMED ADDRESS COMMED ADDRESS (Street, city or town) BALTO COMMED ADDRESS (Street, city or town) BALTO COMMED ADDRESS (Street, city or town) BALTO COMMED ADDRESS COMMED ADDRESS (Street, city or town) BALTO COMMED ADDRESS (Street, city or town) BALTO COMMED ADDRESS COMMED ADD

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Page director	(M	1	PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased med. If institute of STATE Maryland b. COUNTY	
eoth merol o	M	1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cockeysville 20 yrs.	c CITY OR TOWN (f autside corporate 1 m.ts, write I	
y the 2 shoul	00		d NAME OF HOSPITAL (final in hospital, give street oddress) OR INSTITUTION Warren Rd.	Cockeysville / d STREET ADDRESS Warren Rd.	e. IS RESIDENCE ON A FARM? YES \ NO \
24 ham led in b		3	NAME OF DECEASED (Type or print) Richard George Fox. Sr.	Last 4. DATE Mo	
l within letely fill s. Page		5		B DATE OF BIRTH 9. AGE (In years lost birthday) 58 yrs	
d cample papers		10	ob USUAL OCCUPAT ON (G ve kind of work done lob KIND OF BUSINESS OR INDUS during most of working life, even if retired) machinist tool mfg.		12 CITIZEN OF WHAT COUNTRY?
be e rbor rer c		1;	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.00
ate co	pa		Harry Fox	Katherine Needham	
certificang physical		15	(ex. no. or unknown) (15 yes, give wor or dates of service) yes , 5-21to7-24 212-10-9280	oronmant Add Edith R. Fox, Cockeysv	ille, Md.
the attendather pleas			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ry Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
requires than on. signed by sit permit.			Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last. (b)	•	
physicic physicic nos been rial-tron		. CERTIFICATION		not related to the terminal disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
tending incore I the bu), (Enter nature of injury in Port 1 ar Part II of item 18)	
THY III I I I I I I I I I I I I I I I I I		MEDICAL		ACE OF INJURY (Home, form, 20f (City or town) tory, street, office bldg , etc.)	(County) (State)
e hasping R: After stoched for			21. 1 certify that I attended the deceased from Sept 9th alive an April 12th, 1958, and that death	accurred at 9.26 A.M., from the causes ADDRESS (Street, city or town	and an the date stated above.
OR AT ined i DIREC, Id be de		/	SIGNATURE M. X. Huenn	M.D. 1927 YORK Rd. TIMONI	Mel 41. 12
TAL reta AL shau			PHYSICIAN'S NAME (Type)	,	
HOSPI may be FUNER page 3 s	,	2	20. BURIAL, CREMATION, 225. DATE THEREOF PEMOVAL (Specify) 4-16-58 Clynmalira		77
VS A15 (4) 15M 9/55	Mar.	2	FUNERAL DIRECTOR'S SIGNATURE 622 YORK Rd., TOWSON	n4, Md APR 1 6 '58 CARE APR 1 6 '58	ISTRAR'S SIGNATURE

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4264 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 6. COUNTY Palie B b. COUNTY DITIMORE MARYLAND b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest townomos. URAK d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P NAME OF First Middle Day Year DECEASED (Type or print) DEATH 105 5. SEX 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9 AGE (In years IF LINDER LYEAR IF UNDER 24 HRS lost birthdoy) Months Min. WIDOWED F DIVORCED | USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME ARMED FORCES? 17. INFORMANT 15. WAS DECEASED EVER 16. SOCIAL SECURITY NO. Address Miss Gladys Knapp - 307 N. Beechwood Ave. -28 attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Then TAX DUE TO 20. permit. Conditions, if any, which ? gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month. Day, Year 20d, INJURY OCCURRED (County) (State) Hour o.m. foctory, street, office bldg, etc.) Not while of work of work p. m. . 1958 that I last saw the deceased 21. I certify that Lattended the deceased from LUC and that death occurred at 5:30 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE P NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore Co., Maryland WARD HAREL aberty Hghts. Ave. 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 4600 VS A15 (4) DATE APR 2 8 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 · MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY Baltimore Mary land b. COUNTY Baltimore MARYLAND b. CITY OR TOWN IN outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and a ve nearest town? Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. 15 RESIDENCE ON A FARM? Sparrows Point Hospital 1615 N. Monroe Street YES NO TO 3 NAME OF Middle DECEASED John H. Glass 19 58 (Type or print) 16 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR Months Days Hours Min. Colored WIDOWED [7] DIVORCED [7] YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Door Mache Operator Steel Pittsylvania Co. Va. U. S. A. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Chester Glass Pages Susie Adams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes Harriett Glass 1615 N. Monroe St. WWI 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute Myocardial infarction 15 minutes IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gave sise to immediate cause **DUE TO** (o), slating the underlying couse lost. Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART TIGHT 19, WAS AUTOPSY 8 PERFORMED? NO [20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while a. m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [X] and find that Accident , Suicide , Homicide , Undetermined cause deoth resulted from: Notural couses ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR 10.0 forwarded to ASSISTANT MEDICAL EXAMINER Jack C. Collins. M.D. DEPUTY MEDICAL EXAMINER NAME [Type] 22c. NAME OF CEMETERY OR CREMATORY 0 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55



BUREAU V. S.

REG.

Reg. Dist. No. 2. USUAL PESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH-STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY give nearest town) (in this place) TOWN TOWN HOSPITAL OR STREET (Li rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS DATE (Month) 3. NAME OF (Last) (Day) (Middle DECEASED oode DEATH (Type or Print) 9. AGE last birthday 8. DATE OF BIRTH I If under, 1 year | If under 24 hr 6. COLOR OR RACE 7. SINGLE, MARRIED, Months. Days WIDOWED DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) COUNTRY 13. FATHER'S NAME Ralph Harris 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRES service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) office bldg., etc.) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR! TIME (Month) (Day) (Year) (Hour) While at Work At work [INJURY 1965, to A 1919 19.58, that I last saw the deceased 22. I hereby certify that I attended the deceased from... , and that death occurred at m., from the causes and on the date stated above. (Degree or title) ADDRESS DATE SIGNED SIGNATURI LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION DATE Baltimore. Maryland REMOVAL (Specify) 4-16-58 Mt. Auburn Cemetery 802 Madison Avenue 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

Charles R. Law

MARGIN RESERVED FOR BINDING

Sac. 21 adi

VS. A15ME(S) 5M 9/55 *

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 04244

1	1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived. If institu	tion: Residence	e before admi	ssion)	
/	o. COUNTY Balt	Baltimore MARYLAND			e. STATE Maryland b. COUNTY				
	b. CITY OR TOWN If outsid	b. CITY OR TOWN Iff outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)				
	Fort Howard	Fort Howard 7 Pays				13 X.			
		R INSTITUTION (If not in	hospital, give street address)	Jessup d. street address				ESIDENCE	
	Veterans Admi	nistration	Hospital	Rt. #175	Jessup			A FARM?	
	3. NAME OF DECEASED (Type or print)	EDWARD	Middle H.	GRACE	4 DATE Month OF DEATH	April		58	
		COLOR IIII RACE 7. MA	RRITE NEWS MARRIED 3	DATE OF BIRTH	9, AGE Illn years		EAR IF UNDS		
	Male	Whi.te wipo	WED DIVORCED 1	Tay 18, 1900	57 yrs.	Months Do		Min.	
	100 USUAL OCCUPATION (Give kind of work done 10	6. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	N OF WHAT	COUNTRY	
	Penal Guard	, even it rented)	House of Correcti	on Easton.	Maryland	U.	S.A.		
i	13. FATHER'S NAME	1.		14. MOTHER'S MAIDEN N		1 00			
	William P.	Grace		Sugan E	. Hambleton				
ı	15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO. 17. II	IFORMANT	Address			-	
		s, give war or dates of service)				7 724	110	d 16d	
		Enter only one cause per i		III. necords. v	et.Adm.Hospits		INTERVAL BETWE		
	PART I, DEATH W						ONSET AND DEA	TH	
	1MMI	EDIATE CAUSE (o)	GUN SHOT WOUND	OF THE FACE			11 da	lys.	
	976 X	DUE TO							
	Conditions, if ony, which by gove rise to immediate couse								
	(o), stoting the underlying OUE TO								
	couse lost.	(c)							
	PART II. OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIT	NALDISEASE CONDITION GIV	EN IN PART I	(0) 19. WAS A	AUTOPSY RMED?	
1	3						YES 🔲	NO 🖹	
	PART II. OTHER SI	VAS 206 DESC	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port	I or Port II of Item TB.)				
	CAUSE OF DEATH.	S	elf Inflicted G	un Shot Wound	d of The Face.				
	3 20c. TIME OF INJURY		M. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County	1)	(Stote)	
	20c. TIME OF INJURY		TRING INDI WINIE	ry, street, office bldg., etc.)	Jessup, M	[AA]	Maryla	hae	
			e remains described aba	me			_		
						*****	ے, and f	ind that	
	death resulted fra	m: Natural causes	, Accident [], Suit	ide 17, Hamicide	, Undetermined c	ause .			
	ACTUAL	nam	111		_		DATE S	IGNED	
	SIGNATURE	1:0120	0008	_M.D. CHIEF MEDICAL EX					
	EXAMINER'S			ASSISTANT MEDICA			1 /51	100	
	NAME (Type)	elvin B. DAV		DEPUTY MEDICAL E	XAMINER 🔼		4/ 1/	4/58	
	22g. BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, o	r county)	(Stote	1	
	Burial	4/17/5	Baltimore Nati	onal	Baltimore.	id.			
	23. FUNERAL DIRECTOR'S SIC	SNATURE	ADDRESS		BY REGISTRAR 246. REGIS	TRAR'S SIGNA	ATURE		
	Wim hont	- Blint N	Lin 6009 How	DATE PATER	2 1 150 1	1 -	7		

BUREAU V. S.

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TACK OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where decorated lived f. minithnon. Revidence before edamis on o. STATE MARYLAND COUNTY MARY COUN		MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
DECIDITY BATTOM OF POPULATION OF PART OF PART IN THE COUNTY PART IN THE COUNTY PART IN THE COUNTY PART IN THE PART IN	-	4269 CERTIFICATE OF DEATH Reg. Dist. No. 042
BURAL and give indental topying the street obditions) ON AND OF POSSITIAL (If not in hospited, give street obditions) ON ASTEET ADDRESS ON ASSET AND ON ASSET AND ON ASSET AS TO SO ON A STEET ADDRESS ON ASSET AND ON ASSET AND ON ASSET AS TO SO ON A STEET ADDRESS 3 NAME OF DECRASED IT SO ON A STEET ADDRESS 3 NAME OF DECRASED I DECRESED I DECRASED I DECRESED I DECRESE	H)	a COUNTY RALL MARYLAND C. STATE MAN LD. COUNTY O
3 NAME OF DECRASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH M. C. LARL P. C. LARL P. MOOVED DOWNED DOWNED 1. DATE OF BIRTH M. C. LARL P. MOOVED DOWNED 1. DATE OF BIRTH M. C. LARL P. MOOVED DOWNED 1. DATE OF BIRTH M. C. LARL P. MOOVED DOWNED 1. DATE OF BIRTH M. C. LARL P. MOOVED DOWNED 1. DATE OF BIRTH M. C. LARL P. MOOVED DOWNED 1. BIRTHPLACE (Stole or Foreign country) 100. LSUAL OCCUPATION (Gine hand of work done) 101. LSUAL OCCUPATION (Gine hand of work done) 102. LSUAL OCCUPATION (Gine hand of work done) 103. DATE SUAL OCCUPATION (Gine hand of work done) 104. MOTHER SIGNATURE 105. DATE SUAL OCCUPATION (Gine hand of work done) 105. DATE SUAL OCCUPATION (Gine hand of work) 106. LSUAL		RURAL and give nearest town) MC 9 days Bladenslung MC. 16 to 16 IS PESIDER d. NAM OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e IS PESIDER OR INSKITUTION
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during most of working life, even if retired) 13. FATHER'S NAME FUGENCE WATSO GREEN LIVE SO N GREEN LOUISE EXP 14. MOTHER'S MAIDEN NAME FUSENOW IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INHORMANT Address TIES NO. OF INHORMANT ADDRESS OF THE MOST OF INTERVAL SET WONSET AND DE CONTRIBUTION ON THE MOST OF INHORMANT ADDRESS (TO CONTRIBUTION ON THE ADDRESS OF THE SET OF THE SE	Name .	MA/e white widowed Divorced 1-31-58 lost birthday) Months Days Hours
EUGENE WATSON GREEN LOUISE ENF 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANY ROSC WOOD RECOVER SECURITY NO 18 INFORMANY ROSC WOOD RECOVER SECURITY NO 19 INFORMANY ROSC WOOD ROSC WOOD RESEARCH SECURITY NO 19 INFORMANY ROSC WOOD ROSC		during most of working life, even if retired) MATY/AND U.SA.
Tes. no. or unknown		Eugene Watson Green Louise Enp
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate coute (a), stoling the under lying coute lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM. YES N 20a ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Mile of work of wo		[IYes, no, or unknown] ; [II yes, give wor or dates of service]
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	/	ACTUAL AGENCY & BUTCH (DATE OF THE STATE OF
		23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE

APR 7 1958
APR 7 1958

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E 2 3		t	CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) C CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
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officer and a		13.	ATHER'S NAME
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ar att is certi use as		MEDICAL	10c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 While Not while of work of w
er th for			21. I certify that I attended the deceased from $4-1$, 19.5%, to $4-1$ %, 19.5% that I last saw the deceased
Afr Ched			alive on $\frac{4-12}{125}$, and that death occurred ot/24.5AM, from the couses and on the date stated obave
or to b			ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE William Munting M.D. Mt. Wilson, Maryland
AL OIR AL DIR Iould b	- 1		PHYSICIAN'S William Newcomer, M.D. Superintendent
be r VER 3 st			AUDIU CREUT OU 7% DATE TURBON
he reger		_	FEMOVAL (Specify)
5 5 0 0 =			PHERAL DIRECTOR'S SIGNATURE C ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57		V	MILE SICHULO VSEUS = RACTO / DATE APR 2 1 '58 Record
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4271 CERTIFICATE OF DEATH

Reg. Dist. No.

	o Chartimore		MARYLAN	2. USUAL o. STAT	RESIDENCE (WI	ere deceased lived		Residence befo Saltimor		7 22
1	b CITY OR TOWN (If autside RURAL and give negress to	corporate limits, wri			OR TOWN (If o	utside corporate li	mils, write RUR	AL and give ne	prest town)	
Ï	Catonsville		2 years 11 r	nos. Ba	ltimore		•			
	d. NAME OF HOSPITAL (IF n	at in haspital, give st	reet address)	d. STR	ET ADDRESS		/		e IS RESIDEI	
	Spring Grove	State Hos	pital	7807	St. Gre	gory Dr.			YES N	
	3 NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	Do	y Yeor	r
	(Type or print)	Mamie	Estelle	e Gr	iffith	DEATH	April	. 5	19	58
	5 SEX 6. CO	LOR OR RACE 7 A	AARRIED NEVER MARRIED	8. DATE OF	BIRTH	9. AC	SE (In years III	Months Dovs		
	Female Wh	ite win	OWED 🔀 DIVORCED 🗀	7-17-	1877	8	birthday) /	Months Doys	Hours	Min.
2	10a USUAL OCCUPATION (Giv during most of working life	e kind of work done	106. KIND OF BUSINESS OR IN		- 1)	12 CITIZEN C		UNTRY
1	none	, even ii temee,	unknown	M	aryland			U.S.A		
	13. FATHER'S NAME				IER'S MAIDEN N	IAME				
	Unknown			. Un	lanown					
	15 WAS DECEASED EVER IN U.	S ARMED FORCES?		INFORMANT			Addres			
	unknown (If yes, 9)		unknown 1	irs. Wm.	L. Sku	hr 5158	Wright	Ave. Ba	1t. 5	
	18. CAUSE OF DEATH [E	ter only one couse p	er line far (a), (b), and (c)]			-			ERVAL BETWI	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia									
	' ·	DUE TO								
	Conditions, if any, wh		emeralized arte	rioscle	rosis					
	gove rise to immedi- couse (a), stating the und									
	lying cause lost.		rteriosclerotic	_cardic	vascula	r diseas	e			
	PART II. OTHER SIG	NIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMI	NAL DISEASE CON	IDITION GIVEN	IN PART 1(o)	9 WAS AUT	OPSY ED2
3	Part II. OTHER SIG								YES 🔲 N	
	200 ACCIDENT WAS UND OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDIC)	RLYING (1) 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nat	ure of injury in f	Part I or Part II of	item 18.)			
	U (IF EITHER, NOTIFY MEDIC	L EXAMINER)								
	20c. TIME OF INJURY Mor			PLACE OF INJU	IRY (Home, farm office bldg., etc.	, 20f. (City or to	wn)	(County)		(Stole)
	₹ p. m		hile Not while wark at work							
	21. I certify that I a	ttended the dec	eased from May 11	195	5_ to A	pril 5	156	that I last so	aw the de	ceased
	alive an April	51	958 and that dec	ath occurred	at 8:45	PM. from the	causes an	d an the da	ite stated	ahave
	2	70 0	,	A.		ADDRESS (Street, o			DATE	SIGNE
	SIGNATURE STEEL	us Kar	ausRan	M.D. J.D	ring br	ove Sta	ite Ho	pital	4/5/	158
1	PHYSICIAN'S DO	1111111111	17/1/11/11	6	,0	- 01-	na 1	25 1	7-7-	
	NAME (Type) / OK	(NO KI	<u>ADAUSKAS</u>		atons	vittle a	(8.11	d		
	220 BURIAL, CREMATION, 226 REMOVAL (Specify)	DATE THEREOF	- 22c NAME OF CEMETERY		RY	22d LOCATION	City, town, ar	county)	(Stote)	
	BURIKL	7-8750	117 6	100		207	HION	1.170	1	
	23. FUNERAL DIRECTOR'S SIGN	AHOREZ Lang	ADDRESS		24a. REC'1	D BY REGISTRAR	1/1. /	RAR'S SIGNATAL	RE	
	11000 1111 4	student 41	Tell mout	P. Ban	DATE AD	R R 158	1 829-2	-educh		

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TO HOSPITAL OR ATTEMBING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Trath. Page 4	may be retained by a hospital or attending physician.	TO FUNERAL DIRECT. A After this certificate has been signed by the ottending physician and completely filled in by the funeral director,	page 3 should be detached for use as the burial-transit permit. Then mease remove corban papers. Pages 1 and 2 should be filed with	the registrar priar to burial, cremotian, or remaval, and in any event within 72 hours offer deoth.
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VS A15 (4) 15M 10/57

			Kalle Att	11. 110.			
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who state Maryland	re deceased lived If institution Residence b. COUNTY	ce before admission)			
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		ilside corporate limits, write RURAL and g	ive nearest lown)			
Fort Howard	10 Days	Baltimore	3 V	1 1			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e IS RES DENCE			
Veterans Administration	Hospital	3kli7 Ches	stnut Avenue	ON A FARM? YES NO X			
3. NAME OF First	Middle		4. DATE Menth	Doy Yeor			
DECEASED (Type or print) ROBERT	H	GRIFFITH	DEATH April	2 1958			
5 SEX 6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (n years IF UNDER	TYEAR IF UNDER 24 HRS			
Male White woow	/ED DIVORCED	March 1, 1890	6.8 yrs. Months	Days Hours Min			
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole o	r foreign country) 12 CITI	ZEN OF WHAT COUNTRY			
Delivery Man	Ice Company	Haltimore, M	aryland U.	S. A.			
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA					
John Griffith		Isabel Smith	L.				
		NFORMANT	Address				
	Unknown C	Lin.Eecords, V	et.Ad.inistration	Hospital, Ft.			
1B CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c)]			INTERVAL BETWEEN			
DART I DEATH MISC CAUSED BY	YOCARDIAL INFAR	CTTON		ONSET AND DEATH			
11 11 11	ORONARY THROMBO						
Conditions if any which \	10 DAYS						
gove rise to immediate (gove rise to immediate QUESTO						
couse (o), stoling the under-							
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY			
3 4. Rheumatoid spondyliti	is	L. DIONOILLO	coasio. J. Diabetes	YES NO 1			
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort t or Port II of ilem 18 }				
3 20c. TIME OF INJURY Month, Day, Year 20d II	INJURY OCCURRED 20e PU	ACE OF INJURY (Home, form,	20f. (City or town) (C	ounty) (Slote)			
20c. TIME OF INJURY Month, Day, Year 20d II Hour o. m. 19 of wor	300 WINE	tory, street, office bldg., etc.)					
21. I certify that Kattended the deceas	ed from March 23	10 58 to ADI	ril 2 19 58 NKOLAX	ZZL VALVVI VV V.V			
ON VOICE OF THE CONTROL OF THE CONTR	XXXXXX and that doub	20A	At from the ground and the	CALADANING GECADA			
ON ESTATE OF THE STATE OF THE S	The second and decin		DDRESS (Street, city or town, state)	ie date stated abovi DATE SIGNE			
SIGNATURE X. Frema	~		HOWARD, MARYLAND	4/2/58			
SIGNATURE		M.D. VAH FURT					
PHYSICIAN'S TRVING FREEMAN N	M.D. Chief Me	dical Service	Fort Howard, Md.				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d LOCATION (City, town, or county)	(Stole)			
REMOVAL (Specify) Burial 4/5/1958	Lorraine Cem		Baltimore, Marylar				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246. REGISTRAR'S SIG				
Donoven Funeral Home 381	8 Roland Ave.	Balto Molareno	3 158 Whedu	ch			

S.V. UKARNUR

- Luc.	MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
AR TO THE	• MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1972 Reg. Dist. No. () 4240
pleose es should	1. PLACE OF DEATH o. COUNTY B. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE ALL COUNTY b. COUNTY COUN
any,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest typen)
\$ - p	Jorney 3041s x Jarrey
director les.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
unerol your f egistral	3 NAME OF DECEASED (Type or print) ELISHA - J - GROTHE LOND 4. DATE OF DEATH RESIDENCE S- 1958
h. If o he for ned for the far	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED ALL 25-1893 1. HOURS Months Days Hours Min.
nd 3 r net 3 r retail	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IV BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
offe and S	13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME
Sours Spes 1,	William H Geothe ade a Stages
ive Page ive Page File po	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (11 yes, give were are delete of secrecy) 2/3-28-083/17WS Elisha J Grotto - Borney Md
PM3	/B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
m 18 m 18 per 1	PART 1. DEATH WAS CAUSED BY: Undo IMMEDIATE CAUSE (o) Coronary Occlusion approx.10 min.
Vith for tronsit	DUE TO
one one one of the one	Conditions, if ony, which go governed to immediate course (a) to the underlying DUE TO
hault olon	(c), stating the underlying CC (c)
ding" is	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERM NALDISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERM NALDISEASE CONDITION GIVEN IN PART I (b) 19. WAS AUTOPSY PERFORMED?
d 'pen ominer'	20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. NONE 120b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
the war the war dical Ex	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. m. none 19 at work of work of work of the point of work of the point of the
riting ef Mee	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X, and find that
S S	deoth resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
MEDICAL TO THE THE TO THE THE TO THE THE TO THE THE TO THE	ACTUAL SIGNATURE D. CORR CC2 M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
RAI Ovol	ASSISTANT MEDICAL EXAMINER D ASSISTANT MEDICAL EXAMINER D 4-7-58
cute the farwor	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) Seems of Paulo Belle Re Mid
VS. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS LOCAL DAY REGISTRAR'S SIGNATURE COLOR DAY REGISTRAR'S SIGNATURE



BUREAU V. S.

VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4274

CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH BAKTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence o. STATE MARYL AND COUNTY	e before admission)
1	CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANDAKASTOWN 3 YEARS	c. CITY OR TOWN (If outside carporate limits, write RURAL and g	MID
	d NAME OF HOSPITAL (If not in hospital, give street address) / 35. OR INSTITUTION	STORES CHAPMAN ROAL	e. IS RESIDENCE ON A FARM? YES NO V
	NAME OF First Middle DECEASED (Type or print) Middle ELLEN	HAGER 4. DATE Month , OF DEATH APRIL	Day Year 1958
1	EMALE WHITE WIDOWED DIVORCED	FEB-11-1873 lost birthday Months 5 yrs.	Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDiducing most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITI MARYLAND.	ZEN OF WHAT COUNTRY?
13.	FRANK O'LAUGHLIN	14. MOTHER'S MAIDEN NAME AINWHIGHUM Isabelle	Smith
15. /Ye	no or unknown) a fit was own work or dotate of services	INFORMANT RS THERMA SENCER - ABOUTE	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACATE CONGES	TIVE HEART FAILURE &	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which DUE TO Conditions, if ony, which (b) PULMONARY &	EDEMA -	IDAY
	gave rise to immediate couse (o), stoting the under- lying cause last DUE TO (c) A PERTENSIVE (C.V. DISEASE	10 YEARS
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING AUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 While Not while at work at work	LACE OF INJURY (Hame, farm, 20f. (City or lawn) (Coctory, street, affice bldg., etc.)	ounty) (State)
1	21. I certify that I attended the deceased fram BPS/L	1 , 1956, to APNILIO , 1958, that I li	ast saw the deceased
	ACTUAL SIGNATURE TRAMUR C. Willeller	h accurred at 2 Ar M, from the causes and on the ADDRESS (Street, city or Jerra Atrate) M.D. 360/ USAN BL	e date stated above. DATE SIGNED (16) - 4/10/5
	PHYSICIAN'S THOMAS E. WHEELER	Bakes >- MD.	-
220	Burial Cremation, 22b. Date thereof 22c. Name of Cemetery Burial 1/12/58 Deer Park Co		(Stote) Md.
23	funderal director's significance of Stur- Williams	TO 17 MU DATE APR 1 1 158 POR 1	NATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4275 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Rag. [N:-A I	NI.a

- 11	-		
/		o. COUNTY Daltimaxe, MARYLAND 0.5	AL RESIDENCE (Where deceased lived. If institutions Residence before admission) TATE B. COUNTY B. COUNTY
rq	B	Rural and give negret, town! //eirs, 23yrs. K	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIXA - M. (EXS. STREET ADDRESS ON A FARM? YES NO. 13. NO.
		3. NAME OF DECEASED (Type or print) TO M & Anddle	101 4. DATE Month Day Year DEATH POY 19.58
1		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE WIDOWED DIVORCED MARRIED NOTATION	Ch 26, 1878 Strandor Months Doys Hours Min,
	6	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 during plan of washing life, even if retired) Construction:	Vistminster ma
		13 FATHER'S NAME LOS TO THE STATE OF THE ST	Catherine Stone
	(Yan	(Yes, no od winnown) (It yes, give wor or doise of service) M20 &	araby Jann - Millers, Md.
		1777	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO (b) DUE TO (c)	
7	CERTIFICATION	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D
			noture of injury in Port I or Port II of item 18.]
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e PLACE OF foctory, strip of work of work	NJURY (Home, farm, 20f (City or town) (County) (Stole) et, office bldg , etc.]
		21. I certify that I attended the deceased from alive on A 2 2 0 19 5 7 , and that death occur	1945, to
,		ACTUAL SIGNATURE A. M. France M.D.	Sankton Ind 4/11/58
	~	PHYSICIAN'S DY A.M. FY THE CO	Parkton, Mid
1	L	220 BURIAL CREMATION 226 DAYE THEREOF 222 NAME OF CEMETERY OR CREMATER CONTROL OF CEMETERY OR CREMATER CONTROL OF CEMETERY OF CEMETERY OF CREMATER CONTROL OF CEMETER CONTROL OF CEME	TORY 22d LOCATION (City, town, or county) (Stote)
1	Ź	Jacob Harlington, Mur Ferendom	Par DATE ADD 4 4 150 Comescuch



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afty

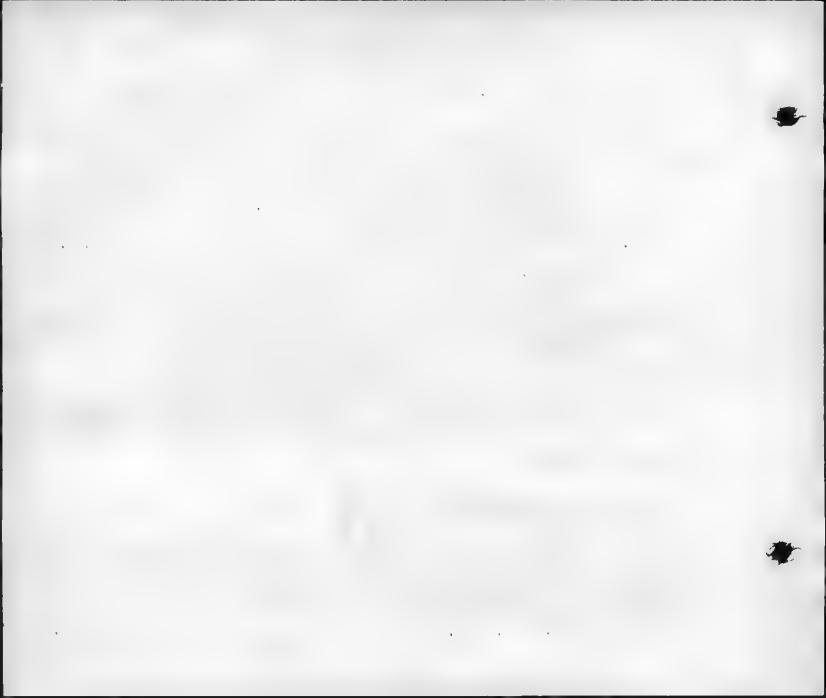
VS A1S (4) 15M 9/SS

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CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe			before admission)			
Baltimore	Maryland b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
Catonsville 28		Catonsville	28					
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION	d. STREET ADDRESS	TOO O GARD V MANAGER O		e. IS RESIDENCE				
833 Frederick	Road	/ 833 Frede	erick Avenu	ie	YES NO K			
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year			
(Type or print) GILLIE	ANN	HATHORN	DEATH	Apr.	29, 19 58			
	ED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In lost birt		YEAR IF UNDER 24 HRS			
Female White WIDOWE	DIVORCED 🗆	March 16, 189	7. 61	yrs Months (ays Hours Min			
10a USUAL OCCUPATION (Give kind of work done 10b, K during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole o	r foreign country)	12. CH12	EN OF WHAT COUNTRY			
	blic Restaur	ant Missii	ssippi	ī	J. S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME					
Steven F. Den	mark		Carol	ine Beach				
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. S (Yes, ng_or unknown) (If yes, give wor or dotes of service) 1 m	OCIAL SECURITY NO. 17.	NFORMANT		Address				
No 4J.	7-42-4791	Higgins Mortu	ary, Mobi	le, Alaba	ma.			
18. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), onel, (c).]	4 1	7		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	PART I. DEATH WAS CAUSED BY. Filerty Congestion Laule Conservation							
DUE TO	. 1	1 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•					
Conditions, if any, which) the	imment							
gove rise to immediate	gove rise to immediate (
couse (a), stating the under-								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
R. D. T	Brenchiestais - Branchiel arthur Javener 1277 YES [] NO []							
1/2 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2	V. L. Lat.	D. (Enter nature of injury in Pr	4/	16 1 1 21 4	LES [] NO [[]			
5 20c. TIME OF INJURY Month, Day, Year 20d. IN		ACE OF INJURY (Hame, form, clory, street, office bldg., etc.)	20f. (Cily or tawn)	(Co	ounty) (State)			
20c. TIMF OF INJURY Month, Day, Year 20d. IN While of work	ITOI WHITE	ciory, infect, office blog., etc.)						
21. I certify that I attended the decease	d from	. 1957. ta /	Frank 210 ;	9) Shot I le	ist saw the deceased			
alive on April 29 195	- 11				e date stated above			
dive displayed	dila inai degii:		DDRESS (Street, city or	rses dilu un illi Hown, stotel	DATE SIGNED			
ACTUAL SIGNATURE VICTOR of	Jung	M.D. Catimer	ile, L		4/49/53			
PHYSICIAN'S NAME (Type)	/							
220. BURIAL, CREMATION, REMOVAL (Specify) Hemoval (Specify) Hay 4, 1958.	22c. NAME OF CEMETERY O		22d. LOCATION (City. Leaksvi	town, or county)	(Stote) issippi.			
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			. REGISTRAR'S SIGN				
Baton Sons (alon	sville 28,	MLOC, DATEMAY		whesus	/			
, , , , ,	/	A A - V INVIGENTE	0 1-	A- 11 - 44-00-				



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

VS A1S (4) ISM 10/57

soth Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4277 CERTIFICATE OF DEATH

			-
Reg.	Dist.	No.	

		Keg. Dis	1, 140,		
1	1. PLACE OF DEATH BOLL COUNTY (Balling County (Balling County) MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence o. STATE b COUNTY	e before admission)		
)	b CITY OR TOWN (If outside corporate limits, write FURAL and give nearest lawn) FURAL cond give nearest lawn) FURAL cond give nearest lawn) FURAL conditions to the company of the conditions are conditions as the conditions are	ive nearest town)			
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS e 15 R ON VES.			
	3 NAME OF DECEASED (Type or print)	He. 137 4. DATE Month OF DEATH A 24/	Day Year		
	T IL WIDOWED D' DIVORCED	Jan 28, 1845 lost birthday) Months	Poys Hours Min		
1	100. USUAL OCCUPATION (Give kind of work done of the policy of the polic	ne Biltimore	ZEN OF WHAT COUNTRY?		
	Tohn Hagedorn	LOWIST CYPINAL + 1	, }		
	I Yes no no unhanual a life use and une of date of any last	NFORMANT 11: Hoin 3106 rait	v		
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH		
	Candi ons. if ony, which gave rise to immediate (b) for election in	In it.			
	tying couse lost.	11 - 1 - 6			
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
		O. (Enter nature of injury in Part 1 or Part II of item 1B)	,		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to thour o.m. p. m. 19 of work at work	ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, office bldg, etc.)	ounty) (State)		
	21. I certify that I attended the deceased fram and that death	occurred at Act M, from the causes and an thi			
	ACTUAL SIGNATURE Act by Williami	ADDRESS (Street, city or town, stote) M.D. 163 Z Rec 27 To To To To	DATE SIGNED		
	PHYSICIAN'S Charles H. Williams	Fik Jule int			
	220- BUNIAL, CREMATION, 22b. DATE THEREOF METHOVAL (Specify) 4-12-58 Preve Ri	R CREMATORY 20 LOCATION (City, town or county)	ma (State)		
1	23-PONERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGN	NATURE		



BUREAU V. L.

ADMO CERTIFICATE OF DEATH

	Reg. Dist, N						
PLACE OF DEATH	14 A D M A A A D M	2. USUAL RESIDENCE (Wh	ere deceased lived. If institution b. COUNTY	Residence before odmissian)			
BALTO	MARYLAND	מאן		BALTO,			
 CITY OR TOWN (If outside corporate limits, RURAL and give nearest tawn) 	write c. LENGTH OF STAY IN 16	and gares	utside carporate limits, write RUI	RAL and give nearest tawn)			
FSSEX		14 ESSE	<				
d. NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	e street oddress)	, d STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
414 BECK AUE		414 BEC.	K AUE.	YES NO			
3 NAME OF DECEASED (Type or print)	Middle T	HEISER	4. DATE Month OF DEATH APRIL	Day Year 2 4 19 5 8			
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS			
MALE WHITE	WIDOWED 🔲 DIVORCED 🔼	MAR. 15-185	7.3 7.5 m	Months Days Hours Min.			
On. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
BALTO. CO. LCDCAER	RETIRED	MD.					
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
JOHN A HEI	SER	MATILA	4 METZ				
S. WAS DECEASED EVER IN U. S. ARMED FORCE	V //	NFORMANT	Addres	15			
(Yes, no or unknown) (If yes, give wor or dates of serv	214-12-4471 C	HARLES A	HEISER	ABOVE			
18. CAUSE OF DEATH [Enter only one cour	e per line for (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	META STAT.	IC CARC	INOMA	3 MO			
DUE TO							
Conditions, if any, which)	CARCINOM	A OF ST	TUMACH	8 MO.			
gave rise to immediate DUE TO							
tying cause last.							
	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY			
				PERFORMED? YES NO I			
PART II. OTHER SIGNIFICANT CONDI 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 20g. CONTRIBUTING 20g. CAUSE OF DEATH 21 [IF EITHER, NOTIFY MEDICAL EXAMINER]	06 DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Part II of item 18]				
20c. TIME OF INJURY Month, Day, Year		ACE OF INJURY (Home, farm, clory, street, office bldg, etc.	20f (City or town)	(County) (Stole)			
Hovr o. m p. m	While Not while of work	clory, street, office blog , etc.					
21. I certify that I attended the a	Jaconsed from DEC	7 1048 10 A	PR 24 1058	that I last saw the deceased			
alive on APR. 23		9,051)	and the date stated above.			
A A	, IZ Q, and mar debin		,M, tram the causes an ADDRESS (Street, city or town, st				
ACTUAL A SING	merila		・アペソンクス・	7			
SIGNATURE	· EDG C-C	M D	- / ~ / ~ / ~ / .	7/40/3			
PHYSICIAN'S NAME (Type) DOSEP	4 MICELII	M.D.	ESSEX L	1 140.			
22a BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	caunty) (State)			
BURIAL 41.28/	S& OAK LA	TWN	DALTO,	170			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'E	BY REGISTRAR 246. REGIST	RAR'S SIGNATURE			
John of Connelly	1 Essy 21.	mol. DATE DA	3 0 158				
77							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR STATES IN A STATE THIS CERTIFICATE HAS been signed by the attending physician and completely filled in by the page 3 should be Dechard for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shault the registrar prior to burial, cremation, or remaval, and propers within 72 hours offer death.

d be filed with

death. Page 4

SLEE OE APA

BUREAL V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) n COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1h c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d NAME OF HOSPITAL (If not in hospital, give street oddress) a IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Yenr Dov DECEASED OF DEATH (Type or print) 19 SEX IF UNDER I YEAR IF UNDER 24 HRS A COLOR OF PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In vence last birt/day) Months Days WIDOWED IT BEVORCED I 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address I'ves on or unknown) oftending IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ă ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3.6 am DUE TO that è Ē. ony Conditions, if any, which gave rise to immediate ë. E DUE TO catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at work 0. m 21. I certify that I attended the deceased from LTT .. 19......that I last saw the deceased alive on__4_ and that death occurred at .M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIREC prior Pe should PHYSICIAN'S C. BROWN. FUNERAL NAME (Type) ന 220. BURIAL, CREMATION, 226. DATE THEREOF CLBAR H'LL CRELLATORY 22d. LOCATION ICity, James (State) pode CREMOVAL (Specific) 25/58 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 1SM 9/SS



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4280 CERTIFICATE OF DEATH

								waft. Dis	1. 110.	
o. COUNTY Ba.	PLACE OF DEATH O. COUNTY Baltimore MARYLAND				2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE Maryland b. COUNTY					
b. CITY OR TOWN (If autside co RURAL and give regrest town)	c. LENGTH OF STAY IN	115	c. CITY OR TO	WN (If o	utside corpo	rate limits, write	RURAL and g	ive neares	f fawn) 1/2	
Catonsville	2mths2ldys		Baltimore,							
d NAME OF HOSPITAL (If not in OR INSTITUTION	n haspital, give stree	t address)		d. STREET ADD			,			S RESIDENCE
SPRING GROV	E STATE	HOSPITAL		110	1 Ba	ttery	Avenue			ON A FARM?
3. NAME OF DECEASED	First	Middle		Lost		4. DATE	٨	lanth	Day	Year
(Type or print)	Emily	Anna		Hill		OF DEATH	Apri	1	22	1958
5. SEX 6. COLOR	OR RACE 7. MA	RRIED NEVER MARRIED	BD	ATE OF BIRTH			9. AGE (In year lost birthday			UNDER 24 HRS
female white		VED DIVORCED		ug. 16.	191	1	lost birthday	Manths	Days H	aurs Min
10a. USUAL OCCUPATION (Give kinduring most of working life, evi	nd of work done 10	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (State	or fareign c			ZEN OF V	VHAT COUNTRY
hou sewife	en it retired)			M-	aryla	and			S. A	
13. FATHER'S NAME			Ti	4. MOTHER'S M					U. A	. 0
John Paine	Butner			S	ophi	a Noca	3 79			
15. WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.	17. INFO		Орила	2 11000		ddress		
[Yes. no, or unknown] [IF yes, give we	or dates of service)	Jnknown	Dogo	wala . C	אור מה	a and			aram.	_
NO CAUSE OF DEATH (Co.)			Reco	rus: 3	PRIN	G GRO	OVE STA	THE HO	SPITA	
18. CAUSE OF DEATH [Enter PART I, DEATH WAS CA		*		0 17					ONSET	AL BETWEEN AND DEATH
IMMEDIAT	E CAUSE (o)	Congestive h	neart	Tallur	<u>e </u>				-	
4.93X	DUE TO	** 4								
Canditions, if any, which gave rise to immediate	Canditions, if ony, which by Pneumonia									
cause (a), sloting the under-										
lying couse last.	lying cause last. (c)									
PART II OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NO	RELATED TO TH	HE TERMIN	NAL DISEAS	E CONDITION C	GIVEN IN PART	1(o) 19. V	WAS AUTOPSY
3 240x	Diabetes mellitus YES NO №									
PART II OTHER SIGNIFI 200 ACCIDENT WAS UNDERLY OR CONTRIBUTING II CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	SCRIBE HOW INJURY OCC	URRED. (E	nter nature of in	njury in P	art I ar Part	II of item 18.)			***
3 20c. TIME OF INJURY Month,	Day, Year 20d.	INJURY OCCURRED 20	e. PLACE	OF INJURY (Hor	me, form.	20f. ICity	or lown)	(C	ounly)	(State)
20c. TIME OF INJURY Month, Hour o. m.	While		factory	street, office bl	ldg., etc.)			(0.	201177	laures
21. I certify that I atter	nded the decea	sed from Jan.	31	. 19 58	to A	April	22 10 5	8 that I k	net cow	the decease
alive on April	22 , 19	58, and that d	eath oc	curred at 10	0:1151	M from	the course	and on th	a data	stated above
7	//	1 1		SOTTED OF SEC.			reet, city or tow		e date s	DATE SIGNE
ACTUAL SIGNATURE SHELL	a wae	usur	M D.	SPRI		ROVE		HOSPITA	AL 4	-23-58
PHYSICIAN'S Stella	Wachsler	, M. D.		Cator	ısvi]	le 28	Md.			
220. BURIAL, CREMATION, 226. DA	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR						ION (City, town	, or county)		(State)
REMOVAL (Specify) Burial	1/25/58	Holy Cr	oss C	em.			timore.			
23. FUNERAL DIRECTOR'S SIGNATUR	RE	ADDRESS			fa. REC'D	BY REGIST		G STRAR'S SIG		
McCully Funer	al "omes	130 E. Fort	Ave.			np 2 A		1	111 10	

BUREAU V. S

; adA



VS A15 (4) 15M 10/57

g physicion and mompletely filled in by the meral director, remove corban papers. Pages 1 and 2 stroug be filed with 2 hours ofter death.	1	X	
etely filled in by the chero. Poges 1 and 2 straig be	ector,	Him F	- 1
etely filled in by the Poges I and 2 stiff	nerol dir	be file	
<u>a</u>	, the		-
<u>a</u>	d in by	ond	
₩ ·		Poges	
g physicion and remove corban 2 haurs ofter de	■omplet		
g physica remove 72 hours	puo uo	corbon ofter de	
		remove 72 hours	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4205 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04257

Rea. Dist. No

SEX 6. COLOR OR RACE 7. MARRIED DIVORCED B. DATE OF BIRTH Peb 28, 1892 PAGE (In years EUNDER PYEAR IF UNDER 24 HRS 1800 Peb 28, 1892 PAGE (In years 1800 Peb 28, 1892 Peb 28,					
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W			·
 b. CITY OR TOWN (If outside corporate RURAL and give nearest town) 			oviside corporate limits, write RI		
d. NAME OF HOSPITAL (If not in hospit	al, give street oddress)		,	e	
806 Beechfield Av	renue	806 Beech	field		
		Lost	OF DEATH A A S		
			9 AGE (In years	IF UNDER TYEAR	
	<u> </u>				
during most or working life, even if ret	ork done 10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF	WHAT COUNTRY?
etired Machinest	Davidsen Chem			U.S.	
		14. MOTHER'S MAIDEN	NAME		
		INFORMANT	Addr	637	*
No	215-07-7883	Mrs. Pauld	ne F 1411 80	6 Deach	64-2-3-4-4-
		() (, <u> </u>	INTER	VAL BETWEEN
PART I. DEATH WAS CAUSED I	BY. Corolah	14 URCE	4 1621	ONSE	S S S S S S S S S S S S S S S S S S S
1-1-0		1	1.		-
Conditions, if any, which)	in (prover	& arich	dules		?
		/			
	(c)	/			and there
PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OTHER SIGNIFICANT OTHER		T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	' '	PERFORMED?
200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)		IES LI NO D
					-
Hour o. m.	While Not while fo	LACE OF INJURY (Home, forroctory, street, office bldg., et	m, 20f (City or lown)	(County)	(Stote)
21. I certify that I attended	the deceased from 17 p. h.s.	1 19 57, 10 6	Arit 21, 1952	that I last say	w the deceased
olive on Dul?	3, 19 8, and that deat	h occurred at 4	7. M, fram the couses a	nd an the date	stated above.
1 9-6	11/17	,/ (
	Me fais	M.D. 4/00/01	deservo a	JE 70010	14 KU19-25
PHYSICIAN'S I E	ARL PASS	Prop.	***		7——
220. BURIAL, CREMATION, 22b. DATE THE	EREOF 22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, o	or county)	(Stote)
REMOVAL (Specify) Burial 4-29-	58 Louden Pan	k_Cemeterv	Baltimere		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE	
Heward H. Hubbar	d 4107 Wilkens Av	venue DATE	RPR 3 0 '58 Qu	- earch	

DECEIVES 1958

BUREAU Y. L.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be enecuted within 2th haurs after death. If any delay is necessary, please execute the certificate friting the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. The 4 should be forwarded to the Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		4	4.9	104-							Reg.	Dist. No	04	258.
	CE OF DEATH		77	01	***		2. USUAL RES	DENCE (Where deced	sed lived. If instit	ution: Resi	idence be	fore adm	assion)
a. C		timore			MARY	/LAND	o. STATE	ary1	and	b. COUNT	Y Bal	ltimo	re	
ь. с	ITY OR TOWN (II out		rite RURAL	c.	LENGTH OF STAY	IN 16				porote limits, write				wn)
	Sparrows	Point 19	, Md	•			1		Howard					
, d N	AME OF HOSPITAL	OR INSTITUTION	(If not i	n hospitoi	, give street addres	16)	d. STREET A	DORESS					e. 15 R	ESIDENCE A FARM?
	Bethlehem	Steel H	ospi	tal_			42 D	ento	n Ave.					NO [
	ME OF		First		Middle		Lost		4. DATE OF	Mont	h	Day	١	feor .
(Тур	e or print)	Tho					ikkelman		DEATH	Apr	il	3	1	950
5. SEX	(COLOR OR RAC	E 7. M.	ARRIED 🕻	NEVER MARRIEL	D 🔲 B.	DATE OF BIRTH			9. AGE (In years		R TYEAR	IF UND	ER 24 HRS
	Male	White	WIDO	OWED 🗌	DIVORCED		April 7	, 19	12	45 yrs.	Months	Days	Hours	Min.
10a. US	UAL OCCUPATION ig most of working I	(Give kind of wor	k done 1	0b. KIND	OF BUSINESS OR	INDUST	Y 11. BIRTHPL	CE (State	or foreign o	country)	12 C	TIZEN O	F WHAT	COUNTRY
4.0.11	Hachinis			Beth!	lehem Ste	eI	Mary	land			Ţ	JASA	13	
13. FA1	THER'S NAME						14. MOTHER'S					74 73	**	
	Andrew	Hinkelma	n				Marg	aret	Denni	.5				
15. WA	S DECEASED EVER	IN U. S. ARMED F	ORCES?	16. SOC	IAL SECURITY NO.		FORMANT			Address				_
1.01,101	no	Jan' Bue was os adies	or seraice)	213	-09-3203	Mrs	. Charl	otte	Hinke	elman 42	Dent	on Ar	7e.]	L9
10.	CAUSE OF DEATH	Enter only one o	anze bet	line for (o), (b), and (c).]							INTE	RYAL BETW	EEN
	PART I. DEATH	WAS CAUSED BY:	-1		Coronar	Oc	aluaian					ONS	ET AND DE	ATH
	420.1	DUE 10			COLUME	y oc	CIUSION							
c														
go	Gonditions, if any, which again to immediate couse													
	(o), stoling the underlying DUE TO													
==			c) NDITION	S CONTR	BUTING TO DEATH	H SHT NO	OT RELATED TO	ME TERM	INIAI DISEAS	E CONDITION OF	/ENLINE DA	DT 1/-1 1	D. 14/4C	AL TORCY
5							3. ALD (12) Q	116 16476	HAL DISLAS	E CONDINOR GI	LIN IN TH	1	PERFC	RMED?
200	. EXTERNAL CAUSE	WAS	70h DES	CRIBE NO.	WAY TALLINGY OCCUP	DEO 15-	Ann						YES [NO 🗌
PRI PRI	MARY or CONTR	IBUTING 🗀	200. UL 31	CKIBE FIO	W INJURY OCCUR	KED JER	ter notive of inf	iry n Par	f I or Perf II	of item 18)				
	. TIME OF INJURY	Month, Day, Y	ear la	nd avilla	RY OCCURRED 120	la PLAC	E OE ALBIBY BI	6	ear inte					
MEDIC	Hour e.m.		V	Vhile	Not while	factor	E OF INJURY (H y, street, office	oldg., etc.) 20r. (Cir)	or town)	{C	ounty)		(Stote)
	p. m.	15		t work										
	. I certify that							Autaps	у 🔲, П	nspection 🔃,	tnqu	iry 🔣	, and	find tha
de	ath resulted fr	am: Natural	couse	S k	Accident [_],	Suic	ide 🔲, Ho	micide	: 🔲, Ui	ndetermined o	ause [].		
	71141	2012		S	,								D 4 277 4	101150
	TUAL NATURE	0113	M	Y-1/	-		M D. CHIEF MI	DICAL E	CAMINER [DATE S	IGNED
EX	AMINER'S						ASSISTAN	T MEDIC	AL EXAMINE	R 🔲			15	3-58
	ME (Type)	. B. Dav	1s, 1	M.D.			DEPUTY	AEDICAL I	EXAMINER [-+	, 50
220. BU	RIAL, CREMATION,	22b. DATE THERE			NAME OF CEMETE				22d. LOCA	TION (City, town,	or county)		(Slot	2)
bu	rial	April 7	, 19	50	Oak Lawn	Ueme	etery		Balt	imore Co	. Md.			
	ERAL DIRECTOR'S S				ADDRESS			140. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S S	GNATU	38	
ULL	rich Fune	ral Home	, Du	ndall	, Md.			DATE	ADD 7	,Ed ()	00/	-	0	

VS. A15ME(5) 5M 9/55

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May Washing

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4283 CERTIFICATE OF DEATH Reg. Dist. No. director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY ionsville b. COUNTY Mzrvland MARYLAND Baltimore b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (# netside-corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville - Baltimore 7, Md. shauld 1mthl7dvs ฟ็สดีสีใหม่ม d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? SPRING 3427 Abbid GROVE STATE HOSPITAL YES NO T 4. DATE OF DEATH 3. NAME OF First Middle DECEASED April Hoffman 19 58 (Type or print) Rov Herman 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS B DATE OF BIRTH Manths Days mal e white WIDOWED IT DIVORCED | March 14, 1895 YES. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Police Dept. Maryland parolman 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Hoffman Hannah E. Meelv 15. WAS DECEASED EVER THE TARMET CORCES? 16 SOCIAL SECURITY NO 17 INFORMANI Address July-Dec. 18 Unknown Records: SPRING HOSPITAL ves GROVE 1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Bronchopneumonia DUE TO Parkinson's disease permit. Canditions, if any, which Bued gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS! 0 PERFORMED? YES NO 15 20g. ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part II or Part II of item 18.1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour a.m. Nat white of work of work 21. I certify that I attended the deceased from March 19 ____, 12_58,that I last saw the deceased ___, and that death occurred at 6:45 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) adauskas 40 ACTUAL SIGNATURE SPRING GROVE RADAUSKAJ Catonsville 28, Maryland NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 1, 19/58 Lorraine Park Cem Woodlawn, Md Burrial 23 FUNERAL DIRECTOR'S SIGNATURE /ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

BUREAU K. L.

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1.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04261
		4284 CERTIFICATE OF DEATH Reg. Dist. No. 32
Poge director	1	PLACE OF DEATH COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY BALTIMORE CI
M herol		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Mt. Wilson, Maryland BALTIMORE 3 VC
s offer 2 show	r	d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
24 haur led in b s 1 and	3.	NAME OF First Middle Last 4. DATE Month Day Year OF
within within a selection of the selecti	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH. 9. ASE (in years FUNDER 1 YEAR FUNDER 24 HRS.) 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARRIED 18. DATE OF BIRTH. 10. COLOR OR RACE 8. MARRIED NEVER MARR
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ion and carbon offer de		FATHER'S NAME EMMANUEL HOLTZ LOTA TAYLOR
g physic remove 72 hmurs		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Hospital Records, Mt. Wilson State Hospital
deoth tendin please vithin 7		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
of the of Then event v		PART I DEATH WAS CAUSED BY: FAR ADVANCES JULITONARY THERECULOUS ONSET AND DEATH OD 2X DUE TO
gned by permit. in any		Conditions, if ony, which by the gave rise to immediate couse (a), stating the under DUE TO
sicion. een sig ronsit	70	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY
The Iong physical properties of the properties o	IFICATION	PERFORMED? YES NO
CIAN:	AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
PHYSI tol or of this cel or use o remotio	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. 19 White Not white at work at work / / / / / / / / / / / (City or town) (County) (State)
After Ched fouriel, c		21. I certify that I aftended the deceased from 74 / 8 / 1955 to 4 / 9 / 1958 that I last sow the decease alive an 1258, and that death occurred at 5.03 PM, from the causes and on the date stated above.
ECONTE		ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE Nullain Management Ma
TAL OI AL DIR hauld I frar pri		PHYSICIAN'S William Newcomer, M.D. Superintendent
HOSPI FUNEX Oge 3 s	220	BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) BY 12 1 2 2 3 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7
2 ° 2 ° = VS A15 (4)	-	EUNERAL DIRECTOR'S SIGNATURE 240. RECIP BY REGISTRAR 246 REGISTRAR'S SIGNATURE
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ARYLAND	STATE DEPARTMEN	T OF	HEALTH-BALTIMORE,	18

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CERTIFICATE OF DEATH 4285

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Dist.	No.				

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		altimore		MARYL	11	o. STATE Maryl				Arunde		
	b CITY OR TOWN RURAL and give	(If autside carporate limi	ls, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF o	ulside carp	orate limits, write R	URAL ond g	ive nearest k	own)	
_	Section 2	Catonsvill	_	23 days		Pasadena	1		22x-	oris.	V	
	d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, g	give street	oddress)		d STREET ADDRESS				e. 15	RESIDENCE I A FARM?	
-	Spring	Grove State	Hosp	ital		Gov. Ritchie	High	way			□ NO 🔼	
	NAME OF DECEASED (Type or print)	Robert	_	Middle Hool	C	last	4. DATE OF DEATH	April	th	Day 12	Year 19 58	
5. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN		
	Male	White	WIDOWE			8-25-90		lost birthday)	Months	Days Hau	ri Min	
10a	. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	11 BIRTHPLACE (Stote	ar foreign c	ountry)	12 C1T4	ZEN OF WH	AT COUNTRY:	
	Painter	orking life, even if retired	'			Baltimore	Mar	wland		U.S.		
13.	FATHER'S NAME					4 MOTHER'S MAIDEN N		<i>y</i>				
	Willia	m Andrew Ho	ek			Alice Bu	sh					
	WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. INFO			Addı	ress			
[Te	NO or unknown)	Iff yes, give war or dates of s		11:-03-6991	Mrs	. Myrtle Hog	ik	Same				
	18. CAUSE OF D	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Con	e for (o), (b), and (c).) diac Failur						INTERVAL ONSET AN	ND DEATH	
	493X	DUE TO										
	Conditions, if any, which) Pneumonia										3 days	
	gave rise to couse (a), statin											
	lying cause lost	(c	Gene	ralized Cac	hexi	a-Depressed-	refus	ed to eat	t.		nth	
0 Z	PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 WA	S AUTOPSY FORMED?	
Š											NO DE	
L CERTIFICATION	200, ACC DENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (Enter nature af injury in P	art I or Por	t II of item 18.]				
MEDICAL	20c. TIME OF INJU Hour g. m. p. m.	16	While	JURY OCCURRED Not while of work	factor	OF INJURY (Home, form, , street, affice bldg., etc.)	20f. (City	y or lawn)	(C	ounly)	(State)	
	21. I certify	that I attended the	decease	ed from March	17.	., 19. <u>58,</u> to AP	ril l	2. 19 58	3 that 1 3	nst saw th	e decented	
		pril 12, 19	58 19	58 and that a	death a	corred at 1:10P	M from	n the causes a	nd an th	a data et	ted above	
	^		2					treet, city or town,		e dole sic	DATE SIGNED	
	ACTUAL SIGNATURE	man W. K	124	bout w) мг						4/12/5	
		/	77		B	• • • • • • • • • • • • • • • • • • • •					f-h-f-7-3-2.0	
	PHYSICIAN'S NAME (Type)	Jonas R. Ra	ppepo	rt M.D.		Spring Gro	ve_St	ate Hospi	ital C	atons	rille.Md	
220		ON 226. DATE THEREO	F	CLEN		REMATORY		TION (City, town, o			ale)	
23	FUNERAL D.RECTO		361	ADDRESS	Tani		BY REGIS	0	TRAR'S SIG	NATURE		

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8	haspital or attending physician.	AF	chec	Grid
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TO HOSPITAL OR ATTEMPING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	moy be retained b	OFUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the Peral directo	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.
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	1.	PLACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where de	eceased lived. If institution: Residence b. COUNTY 3 AL	e before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 15 / R 5	c. CITY OR IOWN (If outside DUND A	e carporale limits, write RURAL and gir	ve nearest tawn)
orth,		or INSTITUTION DUNK AN KU,	1914 TYLER	RI	e. IS RESIDENCE ON A FARM? YES NO D
	1	NAME OF DECEASED (Type or print) JOHN LEWIS	1/, 5	DEATH 4/34/4	Day Year
	5. !	MALE WIDOWED DIVORCED	BENT, 26, 189	d loca blackdard (177	YEAR IF UNDER 24 HRS. Days Hours Min.
	L	USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) NACHINIST BOAT CONSTR	STRY 11. BIRTHPLACE (Stole or fore		TEN OF WHAT COUNTRY
	13.	SIMON HOPF	14. MOTHER'S MAIDEN NAME	PISTOL	
	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT 7, N. FORSYT	Address 1+E - S191	nE
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Thombosi	2	INTERVAL RETWEEN ONSET AND DEATH
1	r	Conditions, if any, which gave rise to immediate couse (a), stating the under	rterioscles	2120	8 years
	_	lying couse lost. (c)			
ş	CERTIFICATION	PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	I	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part t o	or Port II of item 18.]	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 for work 19 of work 50 to w	ACE OF INJURY (Home, farm, 20f. clary, street, affice bldg., etc.)	f. (City or town) (Co	ounty) (State)
		21. I certify that I attended the deceased fram alive on 24 cycle , 19 58, and that death		from the causes and on the	ost saw the deceases date stated above DATE SIGNEE
i		SIGNATURE BENESO W. Hours	102900 Den	isankl	4-25-57
		PHYSICIAN'S BERNARD W. SOLLOD, ?	n.D. Su	udalh-22.	- Ind.
	220	-BURIAL CREMATION, 226. PATE THEREOF 22c. NAME OF CEMETERY OF CHAPTERY OF CHAP	R CREMATORY 22d. I	LOCATION (City, town, or county)	(Stote)
1	23.	Aller Burke Bendley, Klicholf	240. REC'D BY R		NATURE

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04264 4286 CERTIFICATE OF DEATH Rea Dist No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A COUNTY b. COUNTY Raltimore MARYLAND Maryland Reltimara b. CITY OR TOWN (If outside corporate limits, write C. TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give genrest town Pikesville Rural Pikesville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Randall Ave YES INO NAME OF First 4 DATE Middle Month Day Year DECEASED OF Katherine April Howard (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) R. DATE OF RIPTH IF UNDER 1 YEAR IF LINDER 24 HDS Months Doys WIDOWED T DIVORCED | female white 100. USUA, OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Marvland U.S.A. home OM 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Jane Stuller John C. Raton 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Randall Louis 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ä ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
. # IMMEDIATE CAUSE (6) ŧ event 44.106.62 4 DUE TO Yuc Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour e. st. factory, street, office bldg., etc.) While Not while of work at work p. m. 21. I certify that I attended the deceased from 23 1953, that I last saw the deceased and that death occurred at 11.550M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 808 Reisterstown Rd. SIGNATURE PHYSICIAN'S Paul M. Royse, M.D. Pikesville 8. Maryland NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ການ ໄລໄ Meadow Branch Vemeterv 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

BUREAU V. S.

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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4288 CERTIFICATE OF DEATH Rea. Dist. No. l director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE BALTIMORE COUNTY **b. COUNTY** MARYLAND MARYLAND BALTIMORE CO c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give negrest town) TOWSON TOWSON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F 8627 WILLOW OAK ROAD NAME OF First Middle 4. DATE Lost Month Doy DECEASED OF DEATH APRIL (Type or print) WIT.T.TAM ALFRED HOWARD 19 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS AGE (In years last birthday) Manths Days Hours 49 MALE WIDOWED | DIVORCED [popers. yrs 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TECHNICAL CONSULTANT U.S.A CROWN CORK MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLIAM ALFRED HOWARD SR. CARRIE M. LARDERER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address FAMILY RECORDS NONE NONE NONE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Colode po ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 101.0 **DUE TO** Conditions, if any, which) (6) gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19 WAS AUTOPSY PERFORMED? YES NO T CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Doy. Year 20f (City or town) (State) (County) Hour o.m. foctory, street, office bldg., etc.) Not while at work at work 194 F. ta 4/1 1958, that I last saw the deceased 21. I certify that I attended the deceased fram , and that death accurred at 3 P M, fram the causes and an the date stated above. alive an ACTUAL SIGNATURE DIRE Id be PHYSICIAN'S GEA U NAME (Type) NER. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Pd Ph WOODLAWN CEMETERY **JOODLAWN** MARYLAND BURTAT 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 58 245 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUTTEN Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4289 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY o. STATE Baltimore **b** COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) owson owson d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Loch Raven Blva Kaven NAME OF 4. DATE OF Middle DECEASED (Type or print) DEATH HURPOU 6 COLOR OR RACE 7. MARRIED THEYER MARRIED B DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 THRS Months **™ d3WODIW** DIVORCED [male yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) nsurance 13. FATHER'S NAME Mary Louise Boucher Leophas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Hureau. 9 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ₻ PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the The DUE TO à Conditions, if ony, which छ gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1/or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) 0. m. While Not while of work of work 21. I certify that I attended the deceased from Tiller 25, 1924, that I lost saw the deceased , and that death accurred at 10.1512-M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DIREC ACTUAL SIGNATURE P HOSPITAL FUNERAL Baltimore, Maryland erouson n 220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Ö 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Hartord Road

e 15 RESIDENCE ON A FARM?

Day

Days

(County)

YES TO NOVOICE

Year

19 5

Loch Raven.

INTERVAL BETWEEN

ONSET AND DEATHO

PERFORMED? YES INO IT

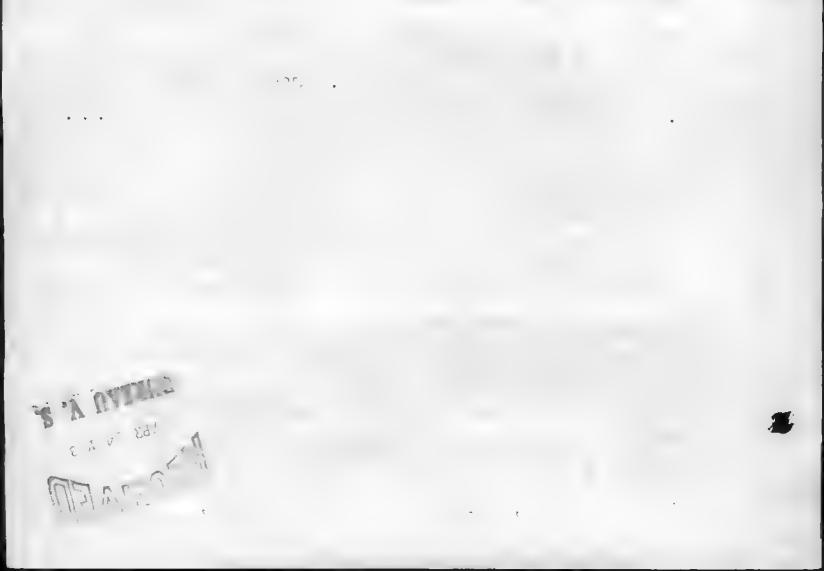
(Stote)

(Stote)

VS A15 (4) 15M 10/57

CIENTED EN POR PROPERTOR S. V. UAERUS

	- 10	Item 9, Film G228, 4/21/53 fc	Reg. Dist. No. 2
.	· a	BALTIMORE COUNTY 4291) MARYLAND	O. STATE MARYLAND B. COUNTY BALTIMORE
	Ъ.	CITY OR TOWN (It outs de corporate limits write PURAL ond give nearest own)	c. CITY OR TOWN (If autside carporate tim'ts, write RURAL and give nearest town
		TIMONIUM	TIMONIUM
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RES ON A
-	2 1	NAME OF Fird Middle	1905 KNOLLTON ROAD YES
	10	DECEASED	HUTTON DEATH APRIL 8 19
	5. SI		DATE OF BIRTH 9. AGE It years IF UNDER IYEAR IF UNDER
l		MALE WHITE W DOWED DIVORCED	SEPT. 20,1911 let builheley) Months Days Heurs A
1	Ca	USUAL OCCUPATION (Give kind of wark done 10b K ND OF BUS NESS OR INDUST uring mast of warking life, even if retired)	RY TI BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
	MG	R. PRODUCTION CONTROL CROWN CORK & SEAL	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1.5	JAMES HUTTON WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. IN	LIDA RENNE
	Pren.	no, or unknown) (If yes, give wor or dates of service)	
-		NO NONE 18. CAUSE OF DEATH [Enter only one cause per line far/(a), (b), and (c).]	FAMILY RECORDS
		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		420. / IMMEDIATE CAUSE (o) DIE TO	<i>+ · + · · · · · · · · · · · · · · · · ·</i>
		Conditions, if eny, which } (b)	
1		gave rise to immediate cause DUE TO	
1	-	couse last. (c)	
0	STON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORM YES 1 1
	RTIF	PRIMARY or CONTRIBUTING I	Enter nature of injury in Part I or Part II of item 18)
1	<u> </u>	CAUSE OF DEATH.	
	MEDIC	Haur a.m. While Not while facto	CE OF INJURY (Home, farm, 20f. (City or tawn) (County) ory, street, office bldg., etc.)
1	¥	p m. 19 at work of work	
- 1		apinion death resulted from: Natural causes T. Accident	
- 1		apinion dean rescreention: National Causes Section	J. Solicide [], Francisco [], Originarial molimer
		SIGNATURE SIGNATURE SIGNATURE	DATE SK
		11/1/200	ASSISTANT MEDICAL EXAMINER
A 3.		NAME (TYPE) FIRVERS [[DONING,	DEPUTY MEDICAL EXAMINER
* * * * * * * * * * * * * * * * * * * *	??a.	BURIAL CREMATION, 1226, DATE THEREOF 1226, NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, tawn, at county) (State)
		NAME (TYPE) / JONINES	1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. b. COUNTY MARYLAND Bai Timore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If of Iside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) New York + 10 mon d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e IS RESIDENCE ON A FARM? Park Ave. (formerly YES NO NAME OF 4. DATE OF DEATH Middle Month Day Year DECEASED (Type or print) 190 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday)

8 2 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BUTH Doys Hours WIDOWED M DIVORCED | carban papers. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move honu IS WAS DECEASED EVER IN U. S ARMED FORCES? 14. SOCIAL SECURITY NO. 17 INFORMANT Address washington (If yes, give wor or dates of service) Mrs. Katherine Graves - 3067 no none Whitehaven 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and /c).) INTERVAL BETWEEN ONSETAND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which] gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) Hour a.m. factory, street, office bldg., etc.) While Not white p. m. of work of work that I attended the deceased from ...that I last saw the deceased and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or/fawn, state) DIREC SIGNATURE P HOSPITAL PHYSICIAN'S NAME (Type) may be r ന 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stote) REMOVAL (Specify) Pemova. Spring Grove Cem. Cincinnati Ohio 0 23. FUNERAL DIRECTOR'S SIGNAFURE ADDRESS 240. RECID BY REGISTRAR 24b/REGISTRAR'S SIGNATURE DATE 15M 9/55

BUREAU V. S.

DATE

death certificate be

HOSPITAL

1SM 10/57



05387

Reg. Dist. No.

1 PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceas	ed lived If instituti	on Residence	before admiss	ion)
Bal	.timore		MARYL	AND	o STATE Maryl		b. COUNTY			
b. CITY OR TOWN (if RURAL and give ne	outside corporate limi	is, write	c. LENGTH OF STAY II	ч 1Ь	c CITY OR TOWN (IF	outside corp	orate limits, write R	URAL and giv	re nearest town)
Catonsvil	_		22yr2mth20	dys	Baltamor	е		, · v		
d NAME OF HOSPITA	AL (If not in hospitol, g	jive street	address)		d. STREET ADDRESS				e 15 RES	DENCE
SPRING GRO	VE STATE	HOS	PITAL		Unknown					NO
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mor	rth:	Doy	rear .
(Type or print)	Ida	I			Jackson	DEATH	Apr	il	30	19 58
5 SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday) 87 yrs.	IF UNDER 1	YEAR IF UNDE	
female	white	WIDOWI		_	May 18, 187			Months D	ays Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (State	or foreign	tountry)	12. CITIZ	EN OF WHAT	COUNTRY
housewo					Marylar	nd		U.	S. A.	
13. FATHER'S NAME				-	14. MOTHER'S MAIDEN					
Unknown					Unknown	1				
15 WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17, E	IFORMANT		Add	ress		
unknown	, ju., g. v - o. o. o. o. o. o.	,	nknown	R	ecords: SPRI	ING G	ROVE ST	ATE HO	SPITAT.	
18. CAUSE OF DEA	TH (Enter only age co	use per lis	ne for (o), (b), and (c)]					· · · · · · · · · · · · · · · · · · ·	INTERVAL BE	
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ar	teriosclero	tic	cardiovascu]	ar di	Sease		ONSET AND	DEATH
122.7	DUE TO								<u> </u>	
Conditions, if an	y, which) (b	. Ge	neralized a	rte	riosclerosis,	Seve	re	f		
gave rise to in	mediato (3070	2.0			
lying cause last.	couse (o), storing the under-									
PANT II. OTH	PAM 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY									
CATI			Malnutritio						PERFO	RMED? NO 📆
PART II. OTH 290. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OC	CURRED). (Enter nature of injury in	Port I or Pa	rt II of item 18.)			
	Month, Day, Yea	or 20d. In	JURY OCCURRED 2	Oe PLA	CE OF INJURY (Home, form	20f. (Cit	y or town)	(Co	unity)	(Stote)
Hour a.m.	19	While at worl	Not while	fac	tory, street, office bldg., etc	1		(000		(0.0.0)
	a la a la			75	, 19 <u>58</u> , ta	Am and "I	20 50			
	oril 30	195	ea tram <u>. 고난도구구</u>	dr.2.	7 DOF	April	- 19-30 - 19-30	2,that I la	st saw the	deceased
alive ullA	75-56-2Y	17.2	9, and that a	leath	occurred at 7125.					
ACTUAL SIGNATURE	Kella K	'sal	chiler	A	A.D. SPRING		VE STATE			te signed 5 -1. –58
PHYSICIAN'S C NAME (Type)	Stella Wach	sler	, M. D.		Catons	will.	28. Mary	rland		
22d BURIAL CREMATION	1, 226. DATE THERE	F A	22c. NAME OF CEMEI	ERY OF			TION GPLY, town,		+- (Stote	
PREMOVAL (Specify)	5/9/-	18	cath	ck	Late	sed	- Trea	eres	es Co	121
23 PUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	~1	340. REC'	D BY REGIS	TRAR 24b REGIS	STRAR'S SIGN	ATURE	
St- VI-	about	for x	2/2/	8	proff of the			. /	1	

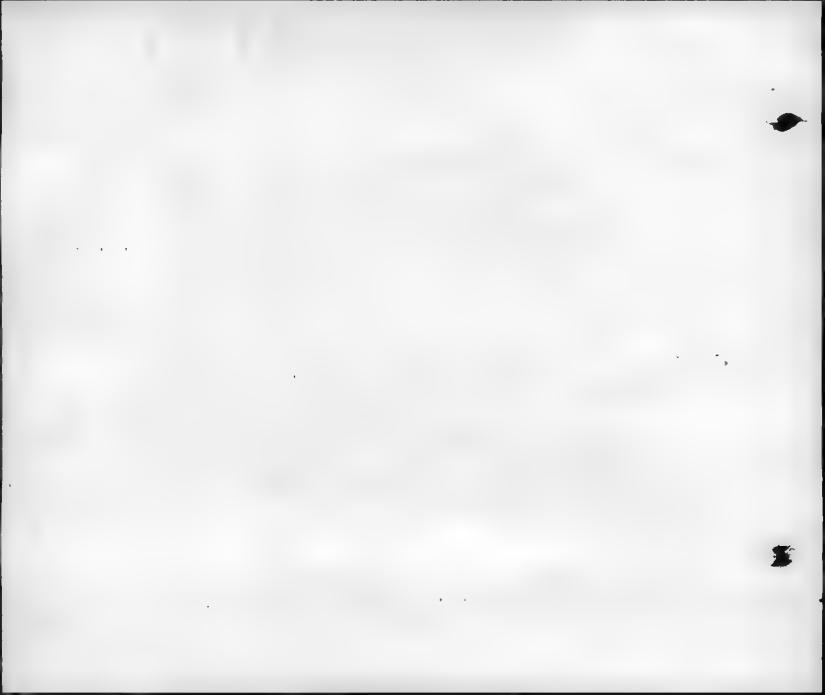
TO HOSPITAL OR may be retained TO FUNERAL DIRE VS A15 (4) 15M 10/57

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deoth. Poge 4

ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours of

hospitol or ottending physician.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4294 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNT b. COUNTY? MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) C d NAME OF HOSPITAL (If not an hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO T NAME OF First Middle 4. DATE Last Month Doy Year DECEASED (Type or print) DEATH 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED 27 DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (o) 11137 **DUE TO** permit. Conditions, if any, which gned gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED / 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Month, Day, Year (County) (State) foctory, street, office_bldg., etc.) Hour a.n. While Not while of work of work p. m. 21. I certify that I offended the deceased from ____that I last saw the deceased and that death accorred at Z DM, from the causes and an the date stated above. ACTUAL MONESTAW. P NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. MAMEJOF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 24o. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE

BUREAU Y. ?

ADA

DESENA FIL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4295 **CERTIFICATE OF DEATH** Reg. Dist. Not) 4272 I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institut on: Residence before admission) COUNTY COUNTY MARYLAND Baltimore County death. b. CITY OR TOWN (If outside corporate limits, write al L c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) å RURAL and give neorest town)
Mt. Wilson, Md. D d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? Mt. Wilson State Hospital YES NO D NAME OF 4. DATE Middle Month Day Year DECEASED OF DEATH (Type or print) 1958 5 SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years lost birthday) Months Dovs Hours WIDOWED D VORCED 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired 13. FATHER'S NAME ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 217=10-7737 Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ADVANCED PULMONA ucar **DUE TO** Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), sloting the underlying couse lost. PAIN II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES R NO [] 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or lown) 20c TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not white at work at work 19 5 that I last saw the deceased 21. I certify that I attended the deceased from, 1958. to ZAM, from the couses and on the date stated above. __, and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Mt. Wilson, Marvland DIR 70 PHYSICIAN'S Superintendent NAME (Type) iam. Newcomer. (T) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) /22 <u>Porter Cemeterv</u> Marvland 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRARIS SIGNATURE A

APR 23

DATE

Maryland

VS A15 (4) 15M 9/SS

Silcox

Cumberland.

BUREAU V. S.

11 77 8d4

THAISON!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04273 4296 **CERTIFICATE OF DEATH** Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY D. STATE **b.** COUNTY MARYLAND eral b. CITY OR TOWN (If autside corporate fimits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) NAME OF HOSPITAL (If not in hospital give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO K NAME OF Middle Lost 4. DATE Yepr DECEASED OF (Type or print) DEATH 195 S. SEX 6. COLOR OR RACE 9. AGE (th years last brightday) IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Hours Min WIDOWED X DIVORCED T yrs. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of washing life, even if retired) ond bon 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 5.3.0 BHF-TO Conditions, if ony, which 72 gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 0 YES 🔲 NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II) of item 18.1 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur o. m. While Not while of work at work p. m Carilly, 1950 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at alive an M.M. from the causes and an the date stated above. DATE SIGNED DIRECT **ACTUAL** NAME AND ADDRESS. 30 FUNERAL I PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county (State) poge RPMOVAL (Specify 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) DATESPR 2 15M 10/57

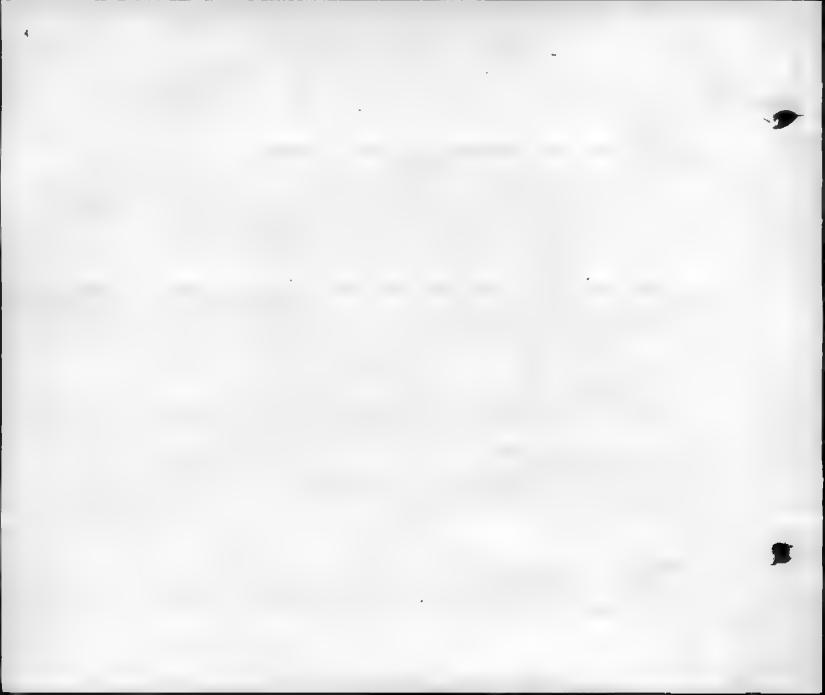
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4297 CERTIFICATE OF DEATH

Reg. Dist. No. ()4274

	1 PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)									
1	В	altimore	MARYL	AND	Maryland b. COUNTY								
)	b. CITY OR TOWN (I RURAL ond give m Catonsvi		e c LENGTH OF STAY II	N 16	c. CITY OR TOWN Baltimore		orote limits, wri	le RURAL ond	give ned	arest fawn)		
	d NAME OF HOSPIT	AL (If not in hospital, give st			d. STREET ADDRESS e. IS RES DENCE								
1	OR INSTITUTION SPRING GRO	The Call Table 210	CHIMAT				Street			ON A	FARM?		
	SPRING GRO	VE STATE HO	SPITAL								NO [
	DECEASED	****	Middle		Last	4. DATE OF		Month	Da	,	feor		
	(Type or print)	Mildred	Rebec		Jones	DEATH		ril	29		958		
	female	17777.A	ARRIED NEVER MARRIED		March 19,	1900	9. AGE (in ye lost b ribdo	y) Months	Doys	Hours	R 24 HRS Min		
	100. USUAL OCCUPATION	N (Give kind of work done	106. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (SI	tate or foreign		12 CI	TIZEN O	F WHAT	COUNTRY		
		ing life, even if retired)			Mary	land		T	J. S.				
	13. FATHER'S NAME				14. MOTHER'S MAIDE				, 0,	· .A. •			
	William												
		R IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO.	17 IP	FORMANT			Address					
	no	, , , , , , , , , , , , , , , , , , ,	217-03-0328	Rec	ords: SPRI	ING GR	OVE ST	ATE HO	SPI	PAT.			
	18. CAUSE OF DEA	TH [Enter only one couse p	er line for (o), (b), and (c).]						INTE	RVAL 8E			
	PART I. DEA	TH WAS CAUSED BY:	erminal brond	hop	neumonia				ONS	ET AND	DEATH		
	355X	DUE TO											
	Conditions, if o		Inanition and	de	hydration								
	gove rise to it	mmediate (D)											
	couse (a), stating lying couse lost.		Presenile bra	in	di seese								
						OANTAL PARKA							
	E PART III. USF	EK SOMIFICAM COMDITIO	NS CONTRIBUTING TO DEAT	111 001	NOT RELATED TO THE TE	KWINAL DISEA	2F CONDITION	GIYEN IN PAI	(1 I(o) 1	PERFO	RMED?		
	2									YES 🚁	NO 🗌		
	O (IF EITHER, NOTIFY	S UNDERLYING (1) 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED	Enter nature of injury	in Port I ar Pa	rt II of stem 18.						
		Manth, Day, Year 20	d. INJURY OCCURRED	20e PLA	CE OF INJURY (Home, I	form, 20f (Cit	ly or town)	- 1	(County)		(Slote)		
	Hour o.m.		hile Not while work O	foc	tory, street, office bldg.,	etc) [
			eased from Apri	1 1	6 1058 .	Ammil (300	28					
	21. I certify in	pril 29	9 58 ond that		<u>V., 1950, 10</u>	Whiar s	EZ 192	y,that I	iast so	w the	deceosed		
	olive onA	17 TT 67	929, and that a	deoth	occurred of 12:0				he do				
	ACTUAL	C. 10.	Wachsler		CONTRA		Street, city or to				TE SIGNED		
	SIGNATURE	sully	10 h curace		SPRING	GROVE	STATE	HOSPIT	AL	4-2	9-50		
	PHYSICIAN'S NAME (Type)	Stella Wach	sler, M. D.		Catonsvi	11e 28.	Mamela	nd					
	220 BURIAL, CREMAT O		22c NAME OF CEMET	ERY OF			ATION (City, tov			16 1. 1			
	Bremoval (Spec fy)	May 2-5	8 Druin	1 /	ridge	Ti	kesul	a B	alto	, (Stote	red		
	23 FUNERAL DIRECTOR	SIGNATURE	ADDRESS			EC'D BY REGIS		GISTRAR'S SI	GNATUR	E			
	Frank W.	Seitz, 814	N. 36th St.	Ral	to Md DATE	MAY 1	'58 ()	lld .	- 1				



	: 1	298	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	04275
	PLACE OF DEATH			2. USUAL RESIDENCE (WI	nere deceased lived. If institu	I on Residence befor	re admission)
	· COUNTY BALTITHO	RE	MARYLAND	II O STATE _	LAND 6. COUNT	15-PLT-1-20	6-RE
	 CITY OR TOWN (If outside corporate fimils, RURAL and give nearest town) 	write c. LEN	GTH OF STAY IN 16	c CITY OR TOWN (IF a	outside corporate limits, write	RURAL and give nea	rest town) V
	CATONSIVULE	-	7 YEARS	BALT	MOBE	2701.	1
	d NAME OF HOSPITAL (If not in hospital, give	street oddress)		d STREET ADDRESS		_ , , ,	e. IS RESIDENCE
	OR INSTITUTION	STATE	HUSP.	4916 CI	URTIS AY.		ON A FARM?
3.	NAME OF First DECEASED		Middle	Lost	4. DATE Me	onth Do	y Year
	(Type or print) TEODOR	, je	HLZOF	OWSKI	OF DEATH P	RIL I	5 1958
5.	SEX 6 COLOR OR RACE 7	MARRIED 🗌	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS
L	W W	IDOWED 🔲	?. DIVORCED	? 1877	last birthday) 81 yrs		Hours Min
100	 USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired) 	e 105 KIND O	F BUSINESS OR INC	USTRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN O	F WHAT COUNTRY
	2		7,	RVSSI	. A	RVSS	IANV
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		
	VNKOWN			VITKOV	v N		
	WAS DECEASED EVER IN U. S. ARMED FORCE		SECURITY NO. 17.	INFORMANT		dress	
Į¥a	s no or unknown) (If yes, give wor or dates of servi	(0)		HOSPITA T	RECORD		
	18. CAUSE OF DEATH [Enter only one couse	and line for the	1 (6-2 1 1-2 2	1.02111111	KCCOKI	1,,,,,,	
	PART I. DEATH WAS CAUSED BY:	per line for to	i to) one (c).	~~~~~~			RVAL BETWEEN ET AND DEATH
	IMMEDIATE CAUSE (o)	HE	HKT	FAILLURE			
	4.50.0 DUE TO					_	
	Conditions, if ony, which) (b)	V13/2	ERALIZE	D ARTE	RIOSCLERO	SES	
	gave rise to immediate DUE TO	0					
	lying couse lost. (c)						
Ö	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH B	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(0)	WAS AUTOPSY
CAT							PERFORMED?
TIFI	200 ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HO	OW INJURY OCCUR	RED. (Enter noture of injury in I	Port I or Port II of item 18]		
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
SE	20c. TIME OF INJURY Month, Day, Year	20d. INJURY C	CCURRED 20e.	PLACE OF INJURY (Home, form	. 20f (City or town)	[County]	(Stole)
ED	Hour o. m.	While No	t while.	octory, street, office bldg., etc.		(County)	(31015)
2	p. m, 19	ol work of	work		<i>i</i>		
	21. I certify that I attended the d	eceased from	m	Z , 1951 , to 4	/15 19.5	Sthat I last sa	w the deceased
	alive an45_,	1953	, and that dea	th accurred at [2, Zo]	M, from the causes	and an the dat	e stated abave
		(7)	^		ADDRESS (Street, city or town	, state)	DATE SIGNED
	SIGNATURE COMMENT	10500 31	L'ding	M.D. Shine	Quore St	Harra	4/15/55
	SUNCESCIANIS O			N	10 11	-0 M	1
	NAME (Type) PUGUSTO,	JOSE	ESQ	JIBEL CA	tonsy1/c	28, 11/1	/
220	BURIAL, CREMATION, 226 DATE THEREOF	1 117	AME OF CEMETERY	OR CREMATORY	22d LOCATION (City, town,	or couply)	(Stote)
· E	The contract of	1-0-	cother	China Contraction of the Contrac	Todal.	Jude	neck
23	JUNEPATIDIRECTOR'S SIGNATURE	AT	DORESS	240. REC	PAY REGISTRAR ZND REG	ISTRAR'S SIGNATUR	E
X	H - Vanery Por	erso.	13/0 4	CET VOATE	W.	esu!	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECEMARA

4300 **CERTIFICATE OF DEATH** Rea. Dist. No. with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Saltimore b. CITY OR TOWN (If outside carparate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest toyth) d. NAME OF HOSPITAL (If not in haspital, d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM 2 YES | NO NAME OF First Middle 4 DATE Lost Day Year DECEASED (Type or print) DEATH FUNDER 1 YEAR! IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE I'm years NEVER MARRIED last birthday) Months Days Haurs DIVORCED [WIDOWED 1 popers. compl 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 남 during most of working life, even if relired) puo -8 trung lend pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 500 늉 nounc 9 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (15 yes, give war or dates of service) tending 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 420.1 DUE TO Pot. è ony Conditions, if any, which paub gave rise to immediate per **DUE TO** E catte (a), stating the underpup lying couse last. burial-transit PATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY remayal, PERFORMED? YES NO SA 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d INJURY OCCUPRED (County) (State) factory, street, affice bldg., etc.) Roug a. m. While Nat while 19 at work at work \square p. m. 195 that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at 6.30 F.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIREG ã D shoule PHYSICIAN'S NAME (Type) FUNER ମ 22b. DATE THEREO 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify) Boy 0 **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE APR 2 18M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4206 **CERTIFICATE OF DEATH** director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND Baltimere Ineral b CITY OR TOWN (If autside corparate timits, write c. LENGTH OF STAY IN 16 8 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) PIS Haletherpe Haletherpe d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS or institution 5635 5635 Oregon Avenue Oregon Avenue NAME OF **Eirst** Middle DATE Last DECEASED (Type or print) George Franklin Kirby DEATH April 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX last birthdoy) Male DIVORCED [68 White WIDOWED [YES 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Balte_News Printer and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate Lemuel Kirby Mary L. Clecker IS WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ding Ne 212-01-6044 Mabel death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) LLdO. 1 - Pal **DUE TO** ۵ Conditions, if any, which gove rise to immediate ğ **DUE TO** couse (a), stating the underlying couse lost. been 20g. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.) Hour o.m While Not while at work at work 21. I certify that I attended the deceased from alive an and that death accurred at // DIRE

e. IS RESIDENCE ON A FARM? YES NO Yeor Day 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min 12. CITIZEN OF WHAT COUNTRY? Address 5635 Oregon Avenue INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO T (County) [Stote] that I last saw the deceased AM, from the causes and an the date stated above. ADDRESS (Street, city.or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S FUNERAL NAME (Type m 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) pode (State) Loudon Park Cemetery Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24o REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Howard H. Hubbard 4107 Wilkens Avenue

04278

Reg. Dist. No.

Baltimore

0 VS A15 (4) 15M T0/57

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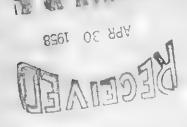
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





VS III15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4393 CERTIFICATE OF DEATH

Reg. Dist. N. 1281

	AACE OF DEATH COUNTY BALTIMORE MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE MARYTAND b. COUNTY /							
'	b. CITY OR TOWN (II		A	,									
	FORT HOWA	arest town)	m, write	5 BAYS	Y INC 1D	c. CITY OR TOWN (If autiside corporate limits, write RURAL and give nearest town) CHESTERTOWN							
	d. NAME OF HOSPITA	AL (If not in hospital,	ive street	address)		d STREET ADDRESS . IS RESID							
	OR INSTITUTION VETERANS	ADMINISTRA	TION	HOSPITAL		COI	LEGE I	HEIGHTS	AVENUE			N A FARM?	
3	NAME OF DECEASED	• Fi	rst	Midd	le	Lo	tec	4. DATE	Mon	#h	Day	Year	
	(Type or print)	JC	įξίV	G		KLF	TN	OF DEATH	APRIL		7	19 58	
5.	SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARI	RIED [7]	8. DATE OF BIR		9.	AGE (In years	IF UNDER TY	YEAR IF U	NDER 24 HRS	
L	MALE	WHITE	WIDOW	ED DIVORO	ED 🗍	AUGUST	h. 188	37	70 yrs.	Months D	ays Ha		
100	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS	OR INDU	STRY 11. BIRTH	LACE (State	or foreign cou	ntry)	12. CITIZI	EN OF W	HAT COUNTRY?	
	PLUMBER	ing the even a tenter	′ l _	PLUMBING C	OMPAN		IMORE	MARYL	AND	U.	S.A.		
13.	FATHER'S NAME					14 MOTHER	S MAIDEN N	IAME					
L	And the second s	KLEIN				MAG	DALEN	REESE					
15. IYe	WAS DECEASED EVER	IN U. S. ARMED FOR	CESP 16.	SOCIAL SECURITY N	0 17, 11	NFORMANT			Addr	ess			
	YES	WW-1		18-24-264	8 C1	IN REC	VET A	UDM HOS	P FT HO	WARD	MD		
	IB CAUSE OF DEA	TH (Enter only one co	iuse per fii	ne far (a), (b), and (c)]					1	INTERVA	ND DEATH	
	IMMERIATE CAUSE OF ACTURE PHILAT NARY EDE TA AND CONCESTION 20 MI												
	Total Y	,		ERTENSIVE		OVASCUL			EASE			NOWN	
	Conditions, if an)										
	gave rise to in cause (a), stating t												
	lying couse last.) («	1										
N	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE (ONDITION GIV	EN IN PART 1	(a) 19 W	AS AUTOPSY	
3	Hypoplas	tic kidney	, rie	ght							YES	REORMED?	
CERTIFICATION	20a ACCIDENT WAT OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY	OCCURRE). (Enler nature	af injury in f	Part Lar Part II	of (lem 18.)				
MEDICAL	20c TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED		CE OF INJURY			town)	{Cau	inty)	(State)	
MED	Haur a.m. p.m.	19	While at wor	Nat while	roc	tary, street, affi	e blag., etc.)					
		at Vattended the		The same of the sa	- 4							becdearaced	
	STANSON WOOD	XXXXXXXXXX		COCOX and the	t death	accurred al	1:40;	M, from	the causes a	nd an the	date st	ated abave.	
	('	1's 11	2-	10				ADDRESS (Sire	el, city or town, :	itale)		DATE SIGNED	
	SIGNATURE	Mll. "	1	tai	1	M.D VAH	FORT	HOWARD	MARYLAN	P	4	-2-58	
	PHYSICIAN'S NAME (Type)	CHIEN WEI	LAN.	MD.		VAH	Fort	Howard	Marylar	ıd	<u></u>	-2-58	
220	P. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	,	22c NAME OF CEA	METERY O	R CREMATORY		22d. LOCATIO	IN (City, town o	r county)	(State)	
	Burial	JC4/7/3	58	CHIPSTER	CENTER	DRAY		CHEST	ERTOWN 14	ARYLAN	D		
	FUNERAL DIRECTOR'S	111 1 111)	DDRESS			240 REC'I	BY REGISTRA		TRAR'S SIGN	44		
1	WILLIS WEL	IS/WW	holl	Chester	rtown	. Md.	DATEAP	7 '58	(Re	00111			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4304 CERTIFICATE OF DEATH

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ī	PLACE OF DEATH			2	USUAL RESIDEN	NCE (Whe	ere deceased In			before odm	ssion}		
١L	Bal	to.	MARYL	AND	Md. Balto.								
/[b. CITY OR TOWN (If outside co RURAL and give nearest lown)		c. LENGTH OF STAY II	N 1b	c. CITY OR TO	WN (If or	rtside corporate	limits, write R	URAL and go	re nearest lo	vn)		
ı	Randallstown		Life		: Randallstown								
Γ	d. NAME OF HOSPITAL (If not in	n hospitol, give street	address)	/	d STREET ADD	PRESS				e. IS RI	ESIDENCE A FARM?		
L	8715 Liberty	Road		(8715 I	Aber	ty Road	Ĭ.			J NO 🗍		
3	NAME OF DECEASED	First	Middle		Last		4. DATE	Mor	th	Day	Year		
П	[Type or print]	Adam		Klo:	hr		OF DEATH	April		14,	1958		
5	. SEX 6. COLOR	OR RACE 7. MAR	RIED 用的表表演奏性	* * B C	ATE OF BIRTH		9.	AGE (In years last birthday)		YEAR IF UNI			
1	Male Wi	nite wbbw	BHOREO	43 M	ay 15, 1	1876		yrs.	Months D	lays Hour	Min,		
1	Do. USUAL OCCUPATION (Give kill during most of working life, ev	nd of work done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (Stote o	or foreign coun	(7)	12. CITIZ	EN OF WHA	T COUNTRY		
	Farmer		Randa	illst	own		U.	S.A.					
13	3. FATHER'S NAME			1	4. MOTHER'S MA	AIDEN N	AME						
1	George Harmon F	Klohr			Barbar	ra Be	ker						
17	Yes, no. or unknown)	ARMED FORCES? 16.	SOCIAL SECURITY NO.	17 INFO	RMANT			Add	ress	Randal	Istown		
	No ****	Acres de la carriera de la companya del la companya de la companya	None	Mr.	James A.	Klo	hr 8715	Liber	ty Roa	d			
F	18. CAUSE OF DEATH [Enter	only one couse per li	ne for (a), (b), agd (c).]			1		, `		INTERVAL E	ETWEEN		
Т	PART I. DEATH WAS CAUSED BY: ACUTE CONGESTIVE HEART FAILURE ONSET AND DEAT												
420.1 DUE TO = 0											-		
	Conditions, if ony, which) (b) C	TULMENN	PRY	EDEN.	119	- KI	DNEY)	FAILUK	EIA	SCITE		
1	gove rise to immediate couse (a), stating the under-	DUE TO A	/					11.10		1 111	211		
lying couse lost.										1 Ajec			
2	PART IL OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEAT		T RELATED TO TH		NAL DISEASE C	ONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY ORMED?		
13	S /YVPE	RTENSION	1-MOD-	SEU	ERE -					_] NO []		
ACUTA CUTTON	20g. ACCIDENT WAS UNDERLY	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)											
		XAMINER)											
14.5(0)	20c. TIME OF INJURY Month,	***			OF INJURY (Hor, street, office bl			town)	(Co	unty)	(State)		
1	p. m.	19 While of war	k ot work	100.07	, situat, errice of	mgr, erc.)							
1	21. I certify that I atte	nded the deceas	ed from. JAN	-19	, 1958,	to K	PRIL	14 1958	that I lo	st saw the	decenses		
	alive on APRILL	74 19	-01	death ac	curred ot /								
П	+11	1	170		0		DDRESS (Stree				ATE SIGNED		
	SIGNATURE SIGNATURE	11 6.61	KERLL	M.D.	Kano	eall	21210	21 - 16	id	41	15/58		
	-		/ / - 1 . 1 /	2	.,,			· · · · · · · · · · · · · · · · · · ·					
L	PHYSICIAN'S NAME (Type) /// C/M	45 F.C	VHYELEK		·								
2	20. BURIAL, CREMATION, 226. D. REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMET	TERY OR C	REMATORY		22d. LOCATIO	(City, town,	or county)	(Ste	ote)		
B	urial 4-1	17,1958	Mt. Olive	Cemet	ery		Randa	llstown	, Md.				
2	3. FUNERAL DIRECTOR'S SIGNATU	IRE	ADDRESS		24		BY REGISTRA	1 / \	STRAR'S SIGN	IAŢURE _/			
_	LOPING BYERS 8	3728 Liber	ty Road, Ra	ndall	stown o	ATE A	PR 1 6 '5	8 1	I rear	du A			
	Forma (x	yene.											
	22	,											

VS A15 (4) 15M 9/55

BUREAU V. S.

DEALS SE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



King Cometery

OAKLAND, MARYLAND

ADDRESS

04284

ON A EARM?

Year

1058

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

021.8

WAS AUTOPSY PERFORMED? YES TO NO R

(Stole)

DATE SIGNED

(State)

GARRET COUNTY MARYLAND

246, REGISTRAR'S SIGNATURE

Wir esuch

Maria

248 REC'D BY REGISTRAR

DATE

O FUNERAL TO HOSPITAL 0 VS A15 (4) 15M 9/55

BELLOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

MYCHON FUNERAL HOME

BUREAU V. S.



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DECENA!

lying couse lost. 20a. ACCIDENT WAS UNDERLYING

Hour a. n. p. m.

21. I certify that I attended the deceased fram.

NAME OF

5. SEX

no

male

DECEASED

(Type or print)

13. FATHER'S NAME

and that death occurred at

alive on

PHYSICIAN'S NAME (Type)

ACTUAL SIGNATURE

ADDRESS (Street, city or town, state)

(Stote)

DATE SIGNED

192X, that I last saw the deceased

22a. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify)

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TO

22c. NAME OF CEMETERY OR CREMATORY Balto Carr

Balto.

M, from the causes and an the date stated above.

23. FUNERAL DIRECTOR'S SIGNATURE

KODRESS

24a, REC'D BY REGISTRAR

245: REGISTRAR'S SIGNATURE Wareduch

22d. LOCATION (City, town, or county)





4	36/4-E		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4287
100000	A TEL	-	. MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.		Item 7. Film G-2/8 4/23/58 cac. Reg. Dist. No. /
age Sr. St.), P	COUNTY Baltiret MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Restricted on ssian) a. STATE MARYLAND b. COUNTY Ball,
ary. Ple	M	Ь	CITY OR TOWN (It outs de coercie I mis write PLRAL c LENGTH OF STAY IN 1b c. CITY OR TOWN) If auts description of the control
Boord Boord	00	d	NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address) d/STREET ADDRESS d/STREET ADDRESS ON A FARM? VES NO
funera funera etaine State death.		E	NAME OF First Elimer Lost 1. Day Year Decreased Type or print) Lost Lost Death Day Year 2 19 58
If any to the ay be ith the safter		5. S	6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTY 1 9 AGE 11/1 year 15 UNDER 174 HPS
orh.	1	100.	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1 on 12.	I)		uring most of working life, even if retired) Belto Dos & Electo Mod.
urs afi ages PM3. pages	-/	13.	FATHER'S MAIDEN NAME
24 hai Sive P farm File p		15. [Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANY On, or enthroun] (If yes, give wor or doles of service)
Hit H			215-07-6536
Item, 18 ofang v it perm			18 CAUSE OF DEATH [Enter only one course per I ne for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 2. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
il in ffice trans			Condition it on which)
pend r's O urial-			gave rise to immediate cause
mines			couse last. (c)
endin	3	ATTO	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO [X]
ord "p Medica Medica Id be a		CERTIFIC	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Parl I or Parl II of item 18) CAUSE OF DEATH.
FR: The W. Chief 3 shou		WEDICAL	20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County), While Not While of work of the property
MIN Thing I he gride		Σ	21. 1 certify that I took charge of the remains described obove, held on Autopsy , Inspection , Inquiry , and in my
ed to			opinion death resulted from: Natural causes Acciden . Suicide . Hamicide . Undetermined manner
RECTAL OF OR OR			ACTUAL TRUCK T. Rasik . The CHIEF MEDICAL EXAMINER [] DATE SIGNED
the ce d be fo RAL Di esignal	,		EXAMINER'S FRANK T. KASIK, TR. DEPUTY MEDICAL EXAMINER \ 4/2/58.
execute 4 should FUNE or its d		220	BURIAL, CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 4-5-58
VS A15ME	¥	23	ADDRESS ADDRES
5M 7 57	* 6	10	all Chamber ye 300 11-19 Care APH 7 '58 Cllit aduch

BUREAU V. E.

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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
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04288

	430	9 CERTIFICA	ATE OF DEATH	Reg. Di	it. No.
7.	PLACE OF DEATH 6. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceded in State Meryland	t district and a second	ce before odmission)
	b. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town) ROBECELE	c LENGTH OF STAY IN 16	Rosedale	rporate limits, write RURAL and (give nearest fown)
	d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 7623 Philadelphia Rd	· ·	7623 Philadel	phia Rd.	e. IS RESIDENCE ON A FARM? YES NO A
	NAME OF DECEASED [1/2 A BP	Th L. LA	NGENFELON OF DEA		Doy Yeor 11 1958
1 .	Female 6 COLOR OR RACE 7. MAS WIDOW	RRIED NEVER MARRIED TO	July 2, 1881	9. AGE (In years IF UNDER last birthday) 76 yrs	1 YEAR IF UNDER 24 HRS. Days Hours Min
	USUAL OCCUPATION (Give kind of work done to during most of working life even if retired) at home	KIND OF BUSINESS OR INDU	Meryland	· · ·	J.S.A.
)3.	August G. Bartenfelder		Catherine Li	nk	
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 no or unknown] [If yes, give wor or dates of service]		informant George Langenfelde	r 7623 Philade	elphia Rd.
	18 CAUSE OF DEATH [Enter only one couse per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c)]	occiusio	N	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which (b)	crebral	apoplexy		IWK.
	gave rise to immediate cause (a), stating the under- lying cause last (c) A	+erioscle	rotic Cardior	asculardisi	esse 5 ms
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING A 206 DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Part I ar f	Part II of Item 18)	
MEDICAL	Hour a.m. While	f o	LACE OF INJURY (Hame, farm, 20f (Cactary, street, office bldg, etc.)	City or tawn) ((County) (State)
	21. I certify that I attended the decea		1958, to April h accurred at 4:304 M, fr	10 , 1938, that I	
	ACTUAL MBann	ngurdne	SM.D. Bully	(Street, city or town, state)	PATE SIGNE
	PHYSICIAN'S NAME (Type)				., , , , ,
220	BURIAL CREMATION, 226. DATE THEREOF burial 14, 1	73. NAME OF CEMETERY C 958 Zion Luthe		cation (City, town, or county) emmer's Run, Md	(State)
	FUNERAL DIRECTOR'S SIGNATURE Illrich Funeral Home, Bal	ADDRESS Ltimore, Md.	240. REC'D BY REG	158 REGISTRAR'S SIG	GNATORE

DIAPENSIO

BUREAU V. S.

CERTIFICATE OF DEATH	0428
CERTIFICATE OF DEATH	Reg. Dist. No.

ا۔	4310 CERTIFICA	ATE OF DEATH Reg. Dist. No.						
	1. PLACE OF DEATH 6. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
d	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
П	Towson, Balto, 4 3 3 yrs	Baltimore (V)						
	d NAME OF HOSPITAL (If not in hospital give street indices)	d STREET ADDRESS e. IS RESIDENCE ON A FARM?						
-	Stella Maris Hospice	29 S. Pulaski YES NO						
	3. NAME OF First Middle OF CEASED (Type or print) Annie Marie Law	Last 4. DATE Month Day Year OF DEATH April 20 19 58						
J	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS						
	F W WIDOWED DIVORCED	April 10,1871 lost piribdoy) Months Doys Mours Min						
Ì	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
	during most of working life, even if retired) HOUSEKEEPET	Ireland U.S.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Richard Law	Mary Daly						
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN. (You, no. or unknown) Iff yes, give wor or detect of service)	NFORMANT Address						
ł	No None	Admission record						
	IB. CAUSE OF DEATH [Enter only one couse per line for (cf. (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate	ary Laria "Days						
	couse (a), stating the <u>under-lying cause lost.</u> DUE TO (c)							
	CAT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]						
		D. (Enter nature of injury in Part I or Part II of Item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. p. m. 19 While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)						
	21. I certify that I attended the deceased from 17/1/21 alive an 19/1/21 alive an 19/1/21 alive and that death a signature 19/1/21/21/21/21/21/21/21/21/21/21/21/21/2	occurred at AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D						
	PHYSICIAN'S OLIDAY/EST-CIDANIE	1/MD forxson . # 4 211d						
	Burial 4-23-18 new Cathe	CREMATORY 22d. LOCATION (City, James, or county) (2010)						
	23. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE						

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTORY After this certificate has been signed by the attending physician and completely filled in by 1 meral director, page 3 should be actorhed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stroud be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. d=th: Rogs a TO HOLINIAL OF ETTINDING PRYSICEN: The law Equires that the death certificate 🖿 executed within 24 haurs after

BUREAU V. S.

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Burial new Cathalrak Lionard 9. Ruch, Enc. 5305- Harful R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04290.

A S	21	1	CER'	TIFIC	ATI	E OF	DE	ATH
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Reg. Dist. No

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	1, [PLACE OF DEATH COUNTY Baltimor	·e		MARY	LAND	mary tand t						
		RURAL and give ne	outside corporate limit prest lown)	ls, write	c. LENGTH OF STAY	- 11			_	ote limits, write R	URAL and giv	e nearest	town)
	_	Fort How	ard At (If not in hospitol, g	in stand	19 Hrs.50	M.	Baltimore (Dundalk) d. STREET ADDRESS e. IS RESIDENCE						
,	'	OR INSTITUTION					ON A FARM?						
			Administr	<u>atio</u>	n Hospital		2740 Moorgate Road YES						S NO D
	3.	NAME OF DECEASED	Fir	fe	Middle		Los	1	4. DATE OF	Mor	ifh	Doy	Yeor
		(Type or print)	GEORGE		W.		LEACH		DEATH	April		3	19 58
	5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED 📆 NEVER MARRII	ED 🔲 B	DATE OF BIRTH	Н		P AGE (In years lost birthday)			UNDER 24 HPS
	M	lale	White	WIDOWI	ED DIVORCE	0 🗆	January	2. 18	392	66 yrs	Months D	ays Ho	ours Min
	10a	USUAL OCCUPATIO	N (Give kind of work on his life, even if retired)	done 10b.	KIND OF BUSINESS O					untry)	12 CITIZ	EN OF W	HAT COUNTR
)	M	achine Ope			teel Corpor	ratio	n Ralt	imore	Mary	hre f	U.	S. A	
		FATHER'S NAME			001001		14. MOTHER'S			pla Srigh 4 Srig.		200	
	W	illiam J.	Leach				Elizab	eth E	. Engl	and			
	15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17 IN	FORMANT	0011 10		Add	ress		
	,		f you, give wor or dollar of si WW I		18-10-4749	Cli	n.Rec.	Vet. A	im . How	pital.Ft	Howar	ed Md	
		7			ne for (a), (b), and (c)			V O O 8 8 2 1	24,14,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	VIII DE L	LICWAL		AL BETWEEN
	PART I. DEATH WAS CAUSED BY: HEAPT TO TITLE											ONSET	OURS OF ATH
		420.0	IMMEDIATE CAUSE (o DUE TO	-								20 11	00100
	ARTERIOSCIEROTIC HEART DISEASE											UNKN	OMN
		gave rise to in	medials		111111111111111111111111111111111111111	1001 110	THEFT	DIDEM	<u>ar</u>			0141774	C11114
		couse (o), stoting t											
	z) (c)		CONTRIBUTING TO DEA	ATH DUT N	OT BELATED TO	THE TERMS	IAL DICEASE	COMOUNDA	(F) 1 () 1 D 4 D 7 1		VAE AUTORCY
1	CATION	PARI W OIR	EK SIGIRIFICARI COM		,	AIN BUIL	OI KELATED TO	I THE LEKWAR	AME DISEASE	CONDITION GIV	EN IN PARE	P	ERFORMED?
	FIC	20 ACCIDENT NAME	t things with the		BESITY	COLLEGE	15.			11 6 - 10 1		YE	S NO N
	CERTIFI	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	ZVD. DESI	CRIBE HOW INJURY O	CCURRED	(Enter nature a	t injury in t	ort I or Patt	If of item (6.)			
	MEDICAL	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED	20e. PLAI	E OF INJURY (I	Home, form,	20f (City	or lawn)	(Co	unty)	(Stote
	WED	Hour om, p.m.	19	While of work	Nat while	1001	ary, sileet, Office	olog., etc					
			vist attended the	doceas	ed from April	27	1 - Om C 2	to Ama	27 2	4 - CO 10 C	tiles et els els e	ak wa car	thorselve was
		213222222222	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	COCCOSSing that	ىلىرىكەت. مادىدەك		K • KO 1	44 - 34	4		ACAUMY.	TURE PORCESSION
					FORES-MING IIIGI	deuin	occorred as			eet, city or town,		adie i	DATE SIGN
		ACTUAL	1	0			TTAIT					1 /2	100
1		SIGNATURE		×~		M	.DY_MIL_	FUIL.	nowan.	D, MARYI	# TAN	-4/-3	750
Ĺ		PHYSICIAN'S NAME (Type) TR	NTNO POPEM	A NT TO	f D Object	3.5-	33 1 C		. 77.871	TD 1. 7T -	7 75	3	1
	220		VING FREEM L 22b. DATE THEREO		D Chief					ON (City, town,			
	"	REMOVAL (Specify)	4-7-58	•	_								(Stote)
	23	Burial FUNERAL DIRECTOR'S	SICAMATURE		Baltimore	Nat	ional Co			imore, N	arylan	d	
								DATE A	BY REGISTE	58 246 REGI	STRAR'S SIGN	INI UKE	
1	J	Cook Inc	St., Paul .	& Pre	eston Sts	Ralt.	o Ma	DATE PAR	44 "	The same	The low	Wh	

death. Page 4 D FUNERAL DIRE. After this certificate has been signed by the attenting physician and completely filled in by the formed dimentary page 3 should be well and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after hospital or attending physician.

After this certificate has been signed by the far use as the burial-transit permit. TO FUNERAL DIRE VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1312 CERTIFICATE OF DEATH

04291 Reg. Dist. No.

		1. PLACE OF BEATH COUNTY Baltimore MARYLAND				11	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Matryland b. COUNTY Baltimore							
	Ь.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catons Ville 7 months			IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore (Maryland								
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SPRING GROVE STATE HOSPITAL			I	/ d. STREET ADDRESS 71.11 - rookwood Ave.					e IS RES DENCE ON A FARM? YES NO T				
	Di	AME OF ECEASED ype or print)	Fir Eli ₂	abeth	Middle		Leary		4. DATE OF DEATH	April	18	Da	γ `	reor 58
	5. SE	x male		7. MARR	RIED NEVER MARRIE		DATE OF BIRTH	7.84		9. AGE (In years last birthday)		R I YEAR		P 24 HRS Min
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic housework			March 31, 1001 91 yrs.						COUNTRY				
	13. F	13. FATHER'S NAME John Leary					14. MOTHER'S MAIDEN NAME Elizabeth Curran							
		VAS DECEASEDEVER	IN U. S. ARMED FOR	rvice)	social security no. Inknown		ORMANT	SPR IN		OVE STA		HOSPI	TAL	
		PART I. DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO y, which (b)		Cardia C Arterio	ery seli	alien	<u>~</u>				INTE	RVAL BE	TWEEN DEATH
47	CETION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO TH	IE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 15	PERFO	NO []
	<u> </u>	200 ACCIDENT WAS OR CONTR BUTING IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRED.	(Enter noture of in	yury in Po	art I or Part	II of item 18.)				
	■EDICAL 2	Pac. TIME OF INJURY Haur a.m. p. m.	Month, Day, Yea	While	NJURY OCCURRED Not while k ot work	20e. PLAC focto	E OF INJURY (Horry, street, office bl	ne, form, ldg., etc.)	20f (City	or lawn)		(County)		(Stole)
/	21. I certify that I attended the deceased from April 15 , 19 58, to April 18 , 19 58, that I last sow the deceased alive on April 18 , 19 58 , and that death accurred at AM, from the causes and an the date stated above. ADDRESS (Street, city or town, slote) DATE SIGNATURE SIGNATURE PHYSICIAN'S Edmee Gens Reeves CATINSVILIE 28, Maryland													
		REMOVAL (Specify) Burial	april 21	1958	HEW Ca	the				ION (City, town, a	er county)	e B	Isto	Mcl
	23. FL	ESTARE .	Seeth In	c.17	35 Das Sar	1.1	7	la. REC'D	BY REGISTI		STRAR'S SI	. 7	E	

EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04292

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CEPTIFICATE OF DEATH

	43	13 CERTITI	יאט	L OI PLAII	•	Re	eg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAN	2.	usual residence (who state Maryland	ere deceased live	d. If institution b. COUNTY	Residence bef	fare admission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest lawn) Fort Howard	limits, write	c. LENGTH OF STAY IN	1Ь	c CITY OR TOWN (IF o	outside corporote l dman Ave		-	
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION Veterans Administ				d. STREET ADDRESS 2825 Ere	dman Ave			e. IS RESIDENCE ON A FARM? YES NO 74
3 NAME OF	First	Middle		Lost	4. DATE			
OECEASED (Type or print) ROBE	RT	A.	L	ENK	OF DEATH	April		8 19 58
5 SEX 6. COLOR OR R	ACE 7. MA	RRIED NEVER MARRIED	_	ATE OF BIRTH	9 A		UNDER I YEA	R IF UNDER 24 HRS
Male White		WED DIVORCED 5		oril 24, 18			Ottilis Doys	HOURS MIII
10a. USUAL OCCUPATION (Give kind of videring most of working life, even if re	rark done 10 lired)	6 KIND OF BUSINESS OR IN	NDUSTRY				12 CITIZEN	OF WHAT COUNTR
Mechanic		Automobile		Baltimore		nd	U. S	5. A.
13. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME			
George Link				Annie Mill	er			
15 WAS DECEASEDEVER IN U.S. ARMED	FORCES? 1	6. SOCIAL SECURITY NO	7 INFO	EMANT		Address		
Yes WW I		216-05-5578	Cli	n.Rec., Vet	Adm. Hosp	ital, F	. Howar	rd, Md.
18. CAUSE OF DEATH [Enter only or	ne cause per	line for (a), (b), and (c)]			p		IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED	BY: SE (a) CIT	REHOSIS OF LIV	TER W	ITTH ASCITES	3		_	INKNOWN
		LNUTRITION						JNKNJWN
Conditions, if ony, which)								MINIMIN
gove rise to immediate ((b) E TO							
lying couse lost.	(c)							
Z PANT II OTHER SIGNIFICANT	CONDITION	S CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASE COI	NDITION GIVEN	IN PART 1(a)	
E Chronic pneumoni	itis,	left upper lo	be					PERFORMED?
Chronic pneumonical Chronic pneumonical Chronic pneumonical Constraint of Cause of De Contributing Cause of De Contribution Cause of De Contribution Cause of De Contribution Cause of De Contribution Cause of Cause o] ATH ER]	ESCRIBE HOW INJURY OCCU	JRRED (E	nter nature of injury in f	Part I or Part II at	ilem 18.)		
20c. TIME OF INJURY Month, Day, Hour a. m. p. m.	Whi		factory,	OF INJURY (Home, form, street, office bldg, etc.	20f (City or to	own)	(County	(Slote)
21. I certify that Xattended	the deco	used from March	70	10 58 to An	ril 8	10 58 3	Y.XXXXX	XXXXXXXXXX
XIONVERM XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
(4).	2	A A Paris, dilu Indi de	din de		ADDRESS (Street,			DATE SIGN
SIGNATURE COL	4	feer	M.D.	VAH, FORT	HOWARD,	MARYLAN)	4/9/58
PHYSICIAN'S CHIEN WE	LAN,	M.D.						
220 BURIAL CREMATION, 22b. DATE THE SEMOVAL Specify)	EREOF	B altimore			Baltimo	city, town, or core		(Stole)
23 FUNERAL DIRECTOR'S SIGNATURE	the	ADDRESS Baltimore	, Ma	ryland DATE A	D BY REGISTRAR	24b REGISTRA	R'S SIGNATU	URE
Wm. Cook-Blight Inc	,6000	Harford Rd.,		DATE #U	11 : 0 30	1 UUT	المالكاء	^

death. Page & may be retained by the hospital or attending physician.

• FUNERAL DIMP

R: After this certificate has been signed by the ottending physician and completely filled in by 190, wherat director, page 3 should be Jevached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 hours offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 haurs after may be retained to FUNERAL DIM TO HOSPITAL OR VS A15 (4) 15M 10/57

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MAN THE SECTION ASSETTED AND ASSETTED ASSETTED AND ASSETTED AS



Reg. Dist. No.

deoth. Page 4

V	O. COUNTY BILLEY. Co	b. COUNTY a later.
1	b OTTY OR FOWN (If outside corporate limits, write RURAL and give nearest laws) C. CITY C. LENGTH OF STAY IN 1b C. CITY C.	OR TOWN (If outside corporate timits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORINSTITUTION NEW GUERA (M.) 2	TADDRESS T Melveura are YES NO NO
	3. NAME OF DECEASED (Type or print) Bertha E. Lockar	Loss 4. BATE Month Doy Yeor DEATH Afril 16 1958
	5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 8 DATE OF 8 WIDOWED DIVORCED 1/2	1874 9. AGE An years IF UNDER 1 YEAR IF UNDER 24 HRS (ast birthday) Months Days Hours Min.
	10a. USUAL OSCUPATION (Give kind of work done during ment of working life, even if retired) Onlette At home	HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Henry W. Butschby	ENGRANDEN NAME BURGAN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Vet no or unknown) (19 yes, give war or dates of service)	La Witters
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TRANSPORTED STREET	tatie Primmies Interval Between
	Conditions, if ony, which) by Bused stullar Do	Esm 3 years
	gove rise to immediate couse (a), stating the under lying couse last DUE TO Gardin Vaschular Illia	us E Dypertusion 10 years
	PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of the first of the firs	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		e of injury in Part E or Port II of item 18)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m 19 While Not while at work at work at work	IY (Home, farm, 20f. (City or town) (Caunty) (State)
	21. I certify that I attended the deceased fram. 41. 32. 19.	at 5 50 M, from the causes and on the date stated above.
	SIGNATURE Elicit li pelluismo MD3 83	ADDRESS (Sireel, city or town, stole) DATE/SIGNED WIELE ADDRESS (Sireel, city or town, stole) DATE/SIGNED WIELE DATE/SIGNED
	PHYSICIAN'S ELIOT W. JOHNSON M.D.	
	220 BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY SEMOVAL (Specify 4/19/58 Tourson Fars	22d LOGATION (City, town, or county) (Stote)
	23° EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	DATE APR 2 2 '58 CIC PROGESTRAN'S SIGNATURE

may be retained to the hospital or attending physicion.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physicion and campletely filled in by the page 3 shauld be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shall be registrar priar to buriat, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/55

BUREAU V. !!

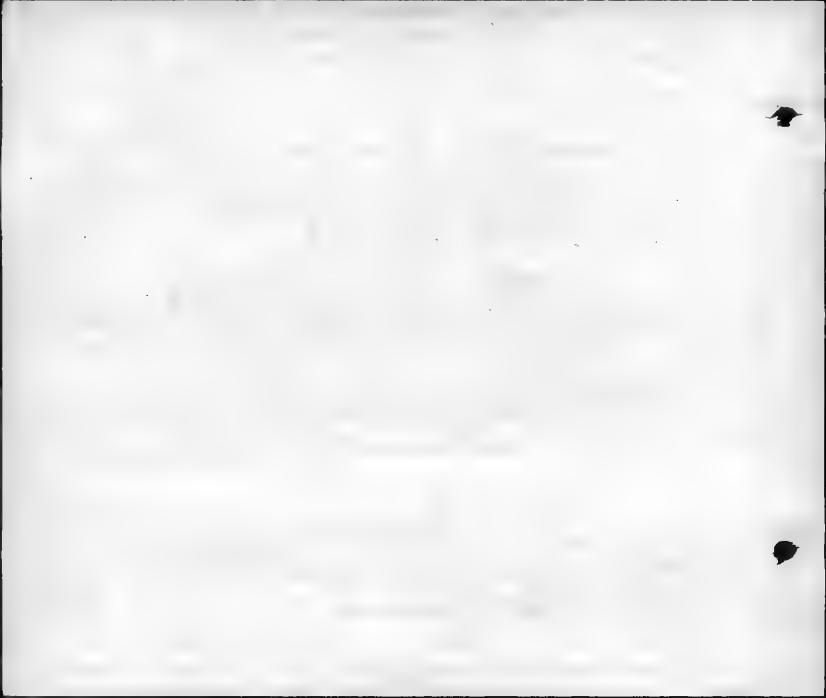
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DEARESTO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 114295 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. STATE b. COUNTY Marvland Baltimore MARYLAND CITY OR TOWN Itt ourside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corpo ate limits, write RURAL and give nearest town) 21 Essex d. NAME HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 11 enside 333 E Riverside Ave YES NO K NAME OF Middle DATE Day Month your DECEASED OF DEATH (Type or print) for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lhe Months Doys Hours Min retained August 6, 1952 Male White WIDOWED [7] DIVORCED [۵ ت with 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? C4 during most of working life, even if retired) and U.S.A None pe Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christhper C. Love Olive Bickel Poges age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No er unknown <u>Giv</u> Mrs. Christhper Love None Same EW3. 18. CAUSE OF DEATH [Enter only one cause pet-line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH œ PART I. DEATH WAS CAUSED BY: OW NINL form in Item 1 MMEDIATE CAUSE (a) -fransit **DUE TO** alang with Conditions, if any, which pencil gave rise to immediate cause buriol **DUE TO** (o), stoting the underlying couse lost. 0 Examiner's Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPS Y õ PERFORMED? pending used 3 NO P 20d EXTERNAL CAUSE WAS PRIMARYL OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) pe DARK RWOK. phoods MEDICAL 20d. INJURY OCCURRED 20e. BACE OF INJURY (Home, form, While Not while totory, street, office bldg , etc.) Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) Medical Page 3 sh 0 of work of work writing nief Med 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and find that Inquiry certific will ed to the hief / death resulted from: Natural causes Accident ... Suicide Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type DEPUTY MEDICAL EXAMINER [220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 /12/58 Oak Lawn Balto. Co. lad FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSMEIST Eastern Ave. DATE SM 9/55 APRI

--+145 -15-24145 333 E Kineinsiele Acc. Mrs. 10 JE W. Limin DARILL LUIC 1) 120.00.00 Feel From Com Bat IN Back Person. +/10/18 . But was But. 11 Batts - No. L & JUARANTO - moster w - Extres/ 45 (M : 146 . 7 1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



oth: Page 4

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTE may be retained by

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04297

CERTIFICATE OF DEATH 4317

Rea, Dist. No.

a. COUNTY Balti	mare	MARYLI	11	USUAL RESIDENCE (Who o. STATE Marylane		tived If instituti b COUNTY	on- Residence befor	re admission)
	outside corporate limits, write	c. LENGTH OF STAY IN	J 1b	c CITY OR TOWN (If or		nto limite maite P	LIPAL and gue non	read town)
RURAL and give ne	arest tawn)	302 days	1.0			ore timilis, write k	O KAC OING GIVE HEG	ilesi lowiij 4
	vard, Md. AL (If not an haspital, give stree			Baltimo:	re		2.1	AC BECIOES OF
OR INSTITUTION	s Administrati			1533 Ligh	ıt Str	e e t.		ON A FARM?
3 NAME OF	First	Middle		lasi	4. DATE	Man	th Do	y Yeor
DECEASED (Type or print)	NICOLO	NONE		MARCELLINO	OF DEATH	Apri		
5 SEX		RRIED NEVER MARRIED	8 1	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER I YEAR	
Male	White WIDOV	WED DIVORCED	□ A:	ugust 2, 189	3	64 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work done 10thing life, even if retired)	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (State of	or foreign ca	untry)	12. CITIZEN O	F WHAT COUNTRY?
Shoe Repa		hoe Repair S	Shon	Italy			U.S.	A
13. FATHER'S NAME		1,000 1,0 peak b		4. MOTHER'S MAIDEN N	AME		9.00.2	7.4
robow [c2	e Marcellino			Carmella H	2222			
		S. SOCIAL SECURITY NO.	17, INFO		tusso_	Addi	F#44	
[Yet, no or unknown) [If yes, give wor or dates of service)				3 YT			. 3 - 36.3
Yes	WI		I CTT	n.Rec.Vet.Ad	m. no	spital,		
	TH [Enter anly one couse per						ONS	ERVAL BETWEEN
		CONCHOGENIC C	CARCI	NOMA RIGHT I	JUNG W	ITH META	STASIS	1 YEAR
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Conditions, if an	y, which) the ME	DIASTINAL AN	ID CE	RVICAL LYMPH	HODE	S AND CE	RVICAL	
gave rise to in cause (a), stating t	mediate (RTEBRAE						
lying cause last.	(c).							
Z PART IL OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART I(a)	9. WAS AUTOPSY
ATIO			_					PERFORMED?
20a ACCIDENT WAS	UNDERLYING TI 20b. DE	SCRIBE HOW INJURY OCC	LIRRED (ater nature of injury in Pr	ort Lor Part	Il of item 18 1		IES WO []
O HIF EITHER, NOTIFY I	CAUSE OF DEATH		201110	and notice of injury in the	011 1 01 7 011	ir or hem to.,		
를 20c. TIME OF INJURY			Oe. PLACE	OF INJURY (Home, form, street, affice bldg., etc.)	20f (City	or lawn)	(County)	(State)
20c. TIME OF INJURY Hour o. m.	19 While	e Not while	racion	, sireer, diffice blug-, etc.)				
	atVAattended the decea	sed from June	15	., 1957_, toApr	11 13	1958	Jeakkana	a a se
	11- 1.2-1					eet, city or town,		DATE SIGNED
ACTUAL	Min W. of	an	M.D					
PHYSICIAN'S NAME (Type) C	HIEN WEI LAN,	M. D.		VAH,	Fort 1	Howard, 1	Md.	
220. BURIAL, CREMATION	1, 225, DATE THEREOF	22c. NAME OF CEMETI	ERY OR C	EMATORY	22d. 10CAT	ION (City, town, o	or county)	(State)
REMOVAL (Specify)	4/15/58	Baltimore	No.+				"	,,
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	WAUL.			Ltimore	STRAR'S SIGNATUR	E
Wim Cook	-BLIGHT, IN	10 1 0 1	- 0	1P1	PR 2 1	58 ()	2 Person	
With Cook Pil	Phil Principal II	6009 A	arjor	DATE				
	The second secon		- 17					

USIVIETUELI SUEL ASI RAA 8.V UAERUA

ADDRESS

Duda 7922 Wise Ave. 22. Md.

24b. REGISTRAR'S SIGNATURE

24o, REC'D BY REGISTRAR

DATE

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

Page

death:

that

BUREAU V. S.

6361 6× 89A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4318 CERTIFICATE OF DEATH Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY Filed a. STATE b. COUNTY Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (If autside corporale limits, write ğ C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) P Timonium Timonium d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS 12 Washington Avenue 12 Washington Avenue 2. NAME OF First Middle 4. DATE Lest Manth OF DEATH (Type or print) EMMA LONG MAYER April 17, 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months rbon papers. camples White WIDOWED [DIVORCED | July 6, 1884 Female Ou USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Mousewife Own Home Maryland USA gud 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adolphus M LONG Annie Cathcart IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address None Family records No CAUSE OF DEATH [Enter only one cause per line for (ο), (b), and (ε) PART I. DEATH WAS CAUSED BY: Vancular IMMEDIATE CAUSE (6) DUE TO permit. S Conditions, if any, which gned gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) While Not while at work of work april: 17" 1958, that I last saw the deceased 21. I certify that I attended the deceased from. , and that death occurred at 6:20 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE 310 p à D FUNERAL F HOSPITAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify)

Loudon Park Cemetery

ADDRESS

Towson. Md.

IS RESIDENCE

YES NO DO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stale)

(Stole)

Min.

Doys

(County)

24a. REC'D BY REGISTRAR

Baltimore, Md. 246 REGISTRAR'S SIGNATURE APR 2 1 '58

0 VS A15 (4) 15M 9/55 Burial

23. FUNERAL DIRECTOR'S SIGNATURE

John Burns! Sons.

SECTION V. S. WATAUA

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04300

4319 CERTIFICA

CERTIFICATE OF DEATH

Reg. Dist. No.

-			_												
	. PLACE OF DEATH o. COUNTY Balti	more			MAR	YLAND		DENCE (Who		d lived. If instit b. COUN		esidence	e before	admission)	
炐	b. CITY OR TOWN (If	outside corporate limi	s, write	c. LENC	OF STAY	/ IN 1b	c. CITY OR	TOWN (If ou	itside corpo	orate limits, write	RURAL	and gr	ve neare	st town)	
	Fort Howa	2 222		6	days		Ba	ltimor	re		0	7		1	
		L (If not in hospital, g	ive street	address)			d. STREET	ADDRESS					e,	IS RESIDEN	ICE
		Administra	tion	Hos	pital		1.	18 Yok	coma	Road				YES NO	
1	B. NAME OF DECEASED	Fir JOHN			Middle	ė		ıst	4. DATE OF DEATH		onth		Doy	Year	
	(Type or print)			44	E.		McCOY		DEATH		ril	105n 3	15		
ď	S. SEX	6. COLOR OR RACE					8 DATE OF BIR			9. AGE (In year last birthday				UNDER 24	fin,
.	Male	White	WIDOWI		DIVORC		ctober			35 y		2 ((17)	7511.05	THE COL	1) IZDVO
)	0o. USUAL OCCUPAT O during most of work	ng life, even if retired	ione IVb.	KIND OF	- ROSINESS (OK INDU	STRY II, BIKIHI	LACE (State o	ir foreign o	ountry)				WHAT COL	JINTIKTY
4	Mechanic 3. FATHER'S NAME			Gar	age			ltimor		e		Ų	S.A		
- ['		,													
Ļ	George Mc		esco I					lian F	rey						
-		f yes, give wor or dofes of s			SECURITY NO		NFORMANT				ddress				
	Yes	WW II	2		4-0558		in.Reco	rds, V	et. A	dm. Hos	pita	ı,			
1		TH [Enter only one co	use per lin	ne for (a)		-							INTER'	AND DEA	EN
	PARI I, DEAI	H WAS CAUSED BY- IMMEDIATE CAUSE (a	UR.	E-IIA	AND L	REI	C PERIC	ARDITI	S				10	Days	
	* *	DUE TO	GT	OMER.	IIIONEE	PHR TH	TS. CHR	DANTE.					13	Years	
	Conditions, if ony, which gove rise to immediate (b)										ريا	rears			
	couse (o), stating t														
	lying couse last.) (c											1		
	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CON	DITIONS C	CONTRIBL	ITING TO DE	ATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEAS	SE CONDITION (SIVEN IN	N PART		PERFORME	D7
	<u> </u>												1	ES 🔼 NO	<u> </u>
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	206. DES	CRIBE HO	OW INJURY O	OCCURRE	Enler noture	of injury in Po	art Lor Pa	rt II of ilem 18.)					
						-			,						
	20c. TIME OF INJURY Hour a. m.		r 20d. If While		CCURRED t while	20e PL	ACE OF INJURY story, street, offi	(Home, farm, ce bldg., etc.)	20f. (Cit	y or town)		(Co	ounly)	(:	State)
	p. m.	19	at wor		wark 🔲				<u> </u>						
	21. I certify the	NAcitended the	deceas	ed fron	n Apri	19	1958	_, to Ap	ril l	5 195	10	RCCR	TO CONTRACT	outher coles	3553c
	AND DOUGOCO	05/100000000		XXXX	Mand tha	t death				m the cause:					
	-	-// -).	9 -	_ / _		,				treet, city or tow				DATE S	
	ACTUAL SIGNATURE	May R	8	tri	1		M.D								
	PHYSICIAN'S			- July											
L	NAME (Type)	CHIEN WEI I	AN,	M. D	•			VAH, F	ort_H	oward.	Vd.			4/15/	58
1	Zo. BURIAL, CREMAT OF REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. N/	AME OF CEA	AETERY O	R CREMATORY		22d LOCA	TION (City, low	n, or cou	inty)		(Stote)	
	Burial	14-18-	58	B	altimo	re N	ational		Bal	timore.	Md.				
2	3. FUNERAL DIRECTOR'S	SIGNATURE	1	AD	DRESS	,	~ A	24o REC'D			GISTRAR	's sigi	NATURE		
	Win Each	3 - Blight &	re. 6	009	Houk	rol 1	tel	DATE AD	B21 1	58 10.	_/		~ A		
										V.	1-1-8	بالأالا	1 %		

BUREAU V. S.

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ı	B CITY OR TOWN (If outside corporate fin	nils, write	c. LENGTH OF STAY II	ч 1Ь	c. CITY OR TOWN (If o	ulside corpo	rote limits, write R	URAL one	give nec	rest town)
	Catonsvi	lle		5yr9mthsll	dys	Baltimore						
	OR INSTITUTION	AL (If not in haspital,	give street	oddress)		d. STREET ADDRESS					e. IS RESI	DENCE FARM?
5	SPRING CRO	E STATE	HOS	TTAL		1307 Hollin	s Str	eet				ио 🗌
	NAME OF DECEASED	F	irst	Middle		Lost	4. DATE OF	Mon		Do	у Ү	feor
	(Type or print)		lay	Mary		Mc Donough	DEATH		[pri	-	1 1	9 58
400	SEX	6. COLOR OR RACE	7 MAR	RRIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Months		IF UNDE	
	female	white	WIDOW			June 4, 1870		last birthday) 07 yrs	manins	Doys	Hours	Min
a	during most of wor	ON (Give kind of worl king life, even if retire	done 10b	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign c	ουπ1τγ)	12. C	ITIZEN O	F WHAT	COUNTRY
	housek	eeper				Maryland				U.	_S.	A.
3.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	Alexand	er McDonou	ıgh			Ann Me	Donou	gh				
i. Yes	WAS DECEASED EVE	R IN U. S. ARMED FC	RCES? 16	SOCIAL SECURITY NO	17, 18	(FORMANT		Add	ress			
	no			Unknown	Re	cords: SPRIN	G GR	OVE STA	TE H	IOSPI	TAL	
	Conditions, if or gove give to it couse (o), stating lying couse lost.	the <u>under-</u>	b) O	Arterioscl	ero	sis, generali	zed a	nd severe	2			
	20a, ACCIDENT W	AS UNDERLYING TO CAUSE OF DEATH				NOT RELATED TO THE TERMII			'EN IN PA	RT 1(a) 1	PERFO	RMED?
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Day, Y	White			CE OF INJURY (Home, farm, lory, street, office bldg., etc.		or town)		(County)	n'n	(State)
	actual SIGNATURE	oril 1,	19: 4'as	dsler		occurred at 4:00p	_M, from	1, 19 50 in the causes of freet, city or town, STATE	and on		e state	
	PHYSICIAN'S NAME (Type)	Stella W.	achsl	er, M. D.		Catonsvi	lle 2	8, Maryla	nd			
-	DIEDLA COCALATIO	N 1996 DATE THERE										
ç0	BURIAL CREMATIC REMOVAL (Specify)	Apr. 10	OF	22c NAME OF CEMET			22d. LOCA1	non (city, town, altimore,	or county)	aryl	(State)

1217 St. Paul Street

DATEPR 9

'58

D FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by ipage 3 should be devached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTORS SHOULD BE SERVE TO HOSPITAL OR VS A15 (4) 15M 10/57

William

Cook, Inc.

rol director, le fried with

oth: Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

BURZAU V. S.

DECENTED IN

Reg. Dist. No.

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	TO FUNERAL DIRECT After this certificate has been signed by the ottending physician and cam	page 3 should be Carached for use as the burial-transit permit. Then please remove carban pape	the registror prior to burial, cramotian, or remavol, and in any evant within 72 haurs after-death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

director willed with	1.	PLACE OF DEATH	BALTIMORE			MARYL	LAND	2. USUAL RESI	DENCE (Wh			institution OUNTY	n: Residence	before a	dmission)
d be for		b. CITY OR TOWN (If RURAL and give nec	irest fawn)	ls, write		H OF STAY I	IN 1b	c. CITY OR	TOWN (If o	utside corpo	rote limits,	write RU	IRAL and give	re nearest	town) V
though the state of the state o		FORT HOWAR d NAME OF HOSPITA OR INSTITUTION		ive street o		DAYS		d. STREET	IMORE ODRESS			,	V Q I	Time to t	S RESIDENCE
by 1		VETERANS A	DMINISTRAT	ION H	IOSPI	TAL		1455	WRIDNW	OOD AT	VENUE				ON A FARAT?
24 hc led ir s 1 au	1	NAME OF DECEASED (Type or print)	JAME			Middle		MeGREGO		4. DATE OF DEATH		Month		Doy 18	Yeor 1958
y fit	5.				ED NE	VER MARRIE	B B	DATE OF BIRT	, p. 0				IF UNDER 1	7	UNDER 24 HRS
pletely ers. Po		MALE	WHITE	WIDOWE	D 🔲	DIVORCED		January			9. AGE (le lgs) biri	yrs.	Months C	Poys H	ours Min
and comp		LABORER	N (Give kind of work (ng life, even if retired))		IUSINESS OF			INORE					S.A.	YHAT COUNTRY
	13.	FATHER'S NAME						14 MOTHER'S							
physician move car haurs aft	15	WILLIAM WAS DECEASED EVER	H. McGREGO		22 14120	CURITY NO.	117 161	MARY	CATH	OR INC	McCOI	RT Addre			
ing ph ing ph ing ph ing ph		YES (1	WW-1	ervice)	SOCIAL SE	CORITY NO.		IN REC	VET I	ADM HO	OSP E		OWARD	MAR	YLAND
re dediction of the ded			H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	TT	e far (o), (EMORF			RACIORIDIS	RAL					ONSET	AL BETWEEN AND DEATH NOWN
sed by the semit. The ony ever		Conditions, if on gove rise to in	mediale (NKNOV	N CAU	SE							UNK	NOWN
sign of it per in it per i		lying cause lost.	ne <u>under-</u>)											
physicid	CATION	PART II OTHI	R SIGNIFICANT CON	DITIONS CO	ONTRIBUT	ING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITI	ON GIVE	N IN PART		VAS AUTOPSY ERFORMED?
rending fricote h the bur	CERTIFI	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206 DESC	RIBE HOW	INJURY OC	CURRED.	(Enter nature o	F injury in P	art I or Part	II of item	18.)			
al or of this cert	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. IN While of work	URY OCC	vhile	20e. PLAG fock	CE OF INJURY (ary, street, office	Home, form, e bldg., etc.	20f. (City	or town)		(Co	ounty)	(State)
Spit for in cr			tVAstended the												
o burie		othecleocococ	1000000000	XXIXX	ocodk i	and that	tleoth	occurred at		M, fram				date :	stoted above DATE SIGNES
or d be d		SIGNATURE	en-		J.L	1		D. VAH	FORT	AWOH 1	RD Ma	aryla	and	Mr wife wife wife wife wife	4-19-58
retoi retoi houl rror		PHYSICIAN'S NAME {Type}	GEORGE WAS	H		·	M	HAV .C.	FORT	HOWA	RD MA	RYLA	UND		4-19-58
575 % 5	220	BURIAL, CREMATION REMOVAL (Specify)	1, 22b DATE THEREO	F				CREMATORY		22d LOCAT					(State)
of of the state of	23.	BURTAT, FUNERAL DIRECTOR'S	SIGNATURE	00	LBALT	TMORE tess	NAT	LONAL	24a, REC10	BALT BY REGIST	RAR 24		MARY	LAND NATURE	
VS A15 (4)	W,	m.Cook_Bli		6009			Bol-	timora_	PATE AP		1	102	CORL	7	
			<u> </u>				- 12 (1.1.								



Breen A F

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained to be established in controlling physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the neral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the maistrar priar to burial, crematian, an removal, and in any meent within 72 hours offer death.

90

VS A15 (4) 15M 9/55

	a. COUNTY Baltimore	MARYLAND	o. STATE Marvl	nere deceased lived If institution b. COUNTY	Res dence before odmission) Baltimore
J	b C TY OR TOWN (If outside corporate limits, wr	the c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF a	autside corporate l'mits, write Ruf	
1	Towson 4	2 weeks	x Baltimor		
	d NAME OF HOSPITAL (If not in hospital in your	anat addense)	d STREET ADDRESS		e. IS RESIDENCE
	Towson Convale	sent Home	98 Dunk	irk Rd.	ON A FARM? YES NOX
	3 NAME OF First	M.ddle	<u>.</u>	The second secon	
1	OFCEASED (Type or print) Florence		lahon	4. DATE Manth OF DEATH 4-9-5	_
		WARRIED NEVER MARRIED	8 DATE OF BIRTH	7-7-7	F UNDER TYEAR IF UNDER 24 HRS
		OWED TO DIVORCED	9-5-84)	Manths Doys Hours Min
	10c USUAL OCCUPAT ON (Give kind of work done	106 KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	ar fareign country)	12 CITIZEN OF WHAT COUNTRY?
	during most of warking life, even if retired) housewife	home	Ontario,	Canada	Canada V
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	M John McIntyr	'e	Jane Bo	wes	
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes no or unknown] [(If yes, give war or doint of service)	16. SOCIAL SECURITY NO 17	INFORMANT	Addres	38
1	no	none M	lrs.Margaret	Brakefield	Above
1	18. CAUSE OF DEATH [Enter only one cause p			1 / /!	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	braudennling	Cardin 1	markan duse	ALL ONSET AND DEATH
1	422.1 DUE TO		the state of the	- John Grand	
1	Conditions if now which)	1			
	gave rise to immediate				
1	lying cause last.				
		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDIT ON GIVE	N IN PART I(a) 19. WAS AUTOPSY
į	I Inthe saical theory	Time Falls.	Frances M	idale thua	PERFORMED?
1	200 ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCURRI	ED (Enter nature of njury in	Part I ar Part II af item 18.)	110 110 11
1	PART IN OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING 10 200 ACCIDENT WAS UNDERLYING 10 COR CONTRIBUTING 17 CAUSE OF DEATH (IF EITHER, NOTIFY JEDICAL EXAMINER)	4			
1		od INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, form		(County) (State)
1		/hile Nat while fo	actary, street, affice bldg., etc		
	21. I certify that I attended the dec	eased from Colla 6	1976, to C	262 9 10SF	that I last saw the deceased
1	171 10 61		h accurred at 6		id an the date stated above.
1		The state of the s		ADDRESS (Street, city or Jown, st	
1	SIGNATURE LOUISILES	16260	40 68051	JASK Rd	
		0/1/	9-11	/)41
	PHYSICIAN'S LAURENCE	1.1051	Lalle	Mers 12	- ///-05
	220 BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d EOCATION (City, town ar	county) (State)
	Burial 4-11-58	Prospect H	111	Towson 4, 1	Md.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 246 REGIST	RAR'S SIGNATURE
	JACOUBICON 022 I	ork Rd., Towso	DE 4, MO BATEAD	R1 4 '58 R12	a rect



Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this cartificate has been signed by the attending physician and completely filled in by the page 3 should be defached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 1SM 10/S7

TO HOSPITAL OR ATTENDEMS SHYSSIMAN: The law requires that the death certificate be executed within 24 hours aft

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04304

4323 CERTIFICATE OF DEATH

リまるUS Reg. Dist. No.

ì,	PLACE OF DEATH a. COUNTY					2	USUAL RES	IDENCE (Wh	ere decease	d lived if instituti		dence bef	are admis	sian)
	a. COUNT	Baltim	ore		MARYLAND		a. STATE	Marvla	and	b. COUNTY		altim	ore	
Γ	6. CITY OR TOWN (If RURAL and give ne		ls, write		TH OF STAY IN 16		c CITY OR	TOWN (If a	utside carp	orate limits, write R	URAL	ind give n	earest taw	n)
L		Paltimore		50	yrs.			Baltin	nore					
	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		1/	d STREET	ADDRESS					e IS RES	IDENCE FARM?
L		4306 Ken	rood	Ave.				4306 I	Cenwo	od Ave.			-	NOY
3.	NAME OF DECEASED	Fir	s†		Middle		Lo	st	4. DATE	Mar	nth	C	lay	Year
L	(Type or print)	The state of the s	Ernst		К.	Mic	klich		DEATH	Ap	ril		18,	1958
S	SEX	6. COLOR OR RACE	7. MARE	RIED 🔲 NE	EVER MARRIED	BD	ATE OF BIRT	н		9 AGE (In years last birthday)	IF UN	DER 1 YEA		
	l'ale	White	WIDOWI	ED 🕎	DIVORCED [1	Jan. 2	9. 187	70	88 yrs	Month	hs Days	Hours	Min.
10	 USUAL OCCUPATIO during most of works 	N (Give kind of work (dane 10b	KIND OF	BUSINESS OR IND	USTRY	11. BIRTHP	LACE (State	ar foreign (country)	12	CITIZEN	OF WHAT	COUNTRY
1	Cabinet	ng life, even if retired Maker		Carp	entry			German	Ŋ			USA		
13.	FATHER'S NAME					1.	4. MOTHER	MAIDEN N	IAME			- V-17-1		-
	Frede	rick A. H	. Mic	klich	1		Eliza	beth F	. M.	Roschke				
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO 17.		RMANT		20 211	Add	iress			
(1)	NO [1	If yes, give mor or dates of s		216-12	2-6561A M	rs.	Albe	rt Dar	ak lis	Ol Mary	ATTO.	Leg .	to A	Md.
-	18. CAUSE OF DEAT	TH [Enter anly one ca		-						OA MOR J		IIN'	TERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY	0	m tes	rivort	ODY.	olec	- Car	ale	ren see	Car 10		ISET AND VYGUM	
	4ddil	DUE TO	T	1154	295C	~ ~	- C-	B V. CO	<u>Onong</u>				A 40.4 AT	9-9-
	Canditions, if an	v. which \		# T										
	gave rise to in	mediate (1-11-11-11-11-11-11-11-11-11-11-11-11-1										
	tying cause last.	he <u>under-</u>												
z		7 [c] ER SIGNIFICANT CON	DITIONS C	ONTRIBUT	ING TO DEATH BU	TNO	PELATED T	THE TERM	NAL DISEAS	E CONDITION ON	/ENL INI	DADT 1/ml	2AW OI	AL TOPSV
ATIC							, wearing (J 1112 12 KM	INCL DISEN.	i convincit on	reix ma	AKI IQU)	PERFC	RMED?
IFIC	200 ACCIDENT WAS	S LINDERLYING T	20b DES	CRIBE HOV	V INJURY OCCURR	FD. (F	nter poiure	of injury in F	Port Lar Po	rt II of stem 18.1			TES [но 🗆
L CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH			· insult occurre		nici indicio	o	411 1 41 7 41					
MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Yes		VJURY OC		LACE	OF INJURY	(Home, farm, e bldg., etc.	, 20f. (Cit	y ar tawn)		(County)	(State)
MED	p. m.	19	While of wor	k 🔲 at wo	ALUING .	uciui y.	ance, on	o biog., etc.	1					
	21. I certify the	at (attended the	deceas	ed from	370	10	194	5 to 0	Lore	1/8, 195	Sthat	f last s	nw the	decented
	alive on 170	r.1 17	19 \$		and that deat	h oc	curred at	9:30	J.M. fro	m the course of	م امم	n the d	nto stat	of above
	-	*	7		Cro		conco un			itreet, city ar lawn,		ii iile ut		ATE SIGNED
	ACTUAL SIGNATURE	nay t	1 . 2	ma	hsh	_M D		57	/3	Belair	- 1	Rd	4	1-21-5
	PHYSICIAN'S NAME (Type)	JaxR	·E	ng	lish	~\	D.		Ba	TIMO	+ e	. 6	M	d.
22	BURIAL CREMATION	N. 226. DATE THEREO	F	22c NA	ME OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, lawn,	ar caum	ty)	(51a)	e)
	REMOVAL (Specify) Purial	April 22.	1958		Parkwoo	he			Do	1+4man-	14.3			
23	FUNERAL DIRECTOR'S		1	ADD	RESS			24a. REC'I	D BY REGIS	TRAR 246 REG	STRAR'S	SIGNATI	JRE	
6	maken otu	unal H.	me	740	of Below	Ci	All	DAMPR	2 2 '58	Tell	021	11/2		

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BUREAU V. S.

1/3.

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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSPITAL OR ATTE

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING THE STREET OF STREET OF THE STREET OF THE STREET OF THE COMPLETE OF THE STREET OF THE STREET OF THE THIS CATHFIGURE AND SECURITIES OF THE STREET
should be fitted with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4324 CEPTIFICATE OF DEATH

04305

	CERTITIO	TIE OF BEATH	R	eg. Dist. No.
1. PLACE OF DEATH O COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution b. COUNTY	Residence before admiss an) Baltimore
RURAL and give apprest town)	ENGTH OF STAY IN 16	n 1	utside corporate limits, write RURA	AL and give nearest town)
d NAME OF HOSPITAL (If not in hospitol, give street address OR INSTITUTION	11)	d. STREET ADDRESS	ville	e. IS RESIDENCE ON A FARM?
1704 Goodvier	v Road	1704	Goodview Ro	ad YES □ NO □
3. NAME OF DECEASED (Type or print) Mr. Harry	Middle	Miles	4. DATE Month OF DEATH Apri	L 8th 19 5
5. SEX 6. COLOR OR RACE 7. MARRIED 5. male white WIDOWED □	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	lost birthday) M	UNDER 1 YEAR IF UNDER 24 HRS anths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND		STRY 11 BIRTHPLACE (State of		12 CITIZEN OF WHAT COUNTS
Sumber		Baltimor	1/1 /	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John Mills		?		
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIA (Yes. no. or unknown) 1th yes. give wor or dates of service) 1 4	1	hrs. Viola M	lills, 1704 G	oodview Roaa
18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	2 Christick	of lun	7	1 Usean
/ GUA DUE TO				
Conditions, if any, which gave rise to immediate (b)				
cause (a), stating the under- lying cause last. DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
· ·	HOW INJURY OCCURRE	D (Enter nature of injury in Po	irt I ar Part II of ilem 18.)	
	OCCURRED 20e. PL	ACE OF INJURY (Hame, form, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that I attended the deceased fro	am F-11-	1957, to CE	wil 3 1955 H	nat I last saw the decease
alive on april 7, 1958	_, and that death	occurred at 9 55		an the date stated above
11 2			DDRESS (Street, city or town, slat-	
SIGNATURE /X / CE = GA FUT		MD. 8166 FI	LA-KFOKD	10. 4/8/
PHYSICIAN'S HAR GROT	T, H.D	· B	alto 14	172.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c REMOVAL (Specify) 4/12/58	1 1 1	R CREMATORY lem Park	22d. LOCATION (City, town, ar co	Mary Land
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			IR'S SIGNATURE
Leonard J. Ruck 5305 H	largora Ro	ad#14 DATE API	R 9 '58 (2006)	Ruch

Enuma K &

DE VIEL DEIN

04306

	4325	CERTIFIC	ATE OF DEATH	Reg. Di	st, No.
o. COUNTY BALTIM	ORE	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLA	ere deceased lived If institution Residen D. COUNTY	ce before admission)
b CITY OR TOWN (If outside co- RURAL and give nearest town)	rporote limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL and	give nearest town)
FORT HOWARD		2 DAYS	BALTIM	ORE 3 V _ /	1.4.
d. NAME OF HOSPITAL (If not in OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE
VETERANS ADMINI	ESTRATION HO	SPITAL	1020 EA	ST MONUMENT STREET	YES NO XXX
3. NAME OF	First	Middle	Lost	4. DATE Month	Day Yeor
(Type or print)	EDWARD	(NMI)	Vertury.	DEATH APRIL	18 19 58
S. SEX 6 COLOR	OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
MALE NEGE		_	MARCH 9, 188	9 (69 yrs. Months	Days Hours Min.
On USUAL OCCUPATION (Give kin	nd of work done 10b, KIN	D OF BUSINESS OR INDU			IZEN OF WHAT COUNTRY
during most of working life, even		FACTORY	VIRGINIA	IT	S.A.
3. FATHER'S NAME		21101012	14 MOTHER'S MAIDEN N		
OSCAR MITTEN			M) ATTITL	AIDEN NAME UNKNOWN)	
15. WAS DECEASEDEVER IN U. S. A		TIAL SECURITY NO. 17.	INFORMANT	Address	
YES (If yes, give we WH) 1.	or or dates of service)	-03-8988 CI	IN REC VET A	M HOSP FORT HUMAN	MARYLAND
18 CAUSE OF DEATH [Enter				21 21 21 21 21 21 21 21 21 21 21 21 21 2	INTERVAL BETWEEN
PART I, DEATH WAS CA	NUSED BY.	NGESTIVE HEA	מימודות שים		UNKNOWN
HA TO IMMEDIA	DUE TO	TANDE TO THE	art Parthyren		OTATOLAN
Conditions, if any, which	, trv	PERTENSION			UNKNOWN
gove rise to immediate	(b) III	T THE PERIOD LON			GNIMOWN
lying couse lost.					
	CANT CONDITIONS CON	TRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	T 1(o) 19 WAS AUTOPSY PERFORMED? YESTE NO F
PART II OTHER SIGNIFIE 20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)	ING 20b. DESCRIB OF DEATH XAMINER)	E HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Hour a. m. p. m.	While	RY OCCURRED 20e PI Not while for york	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f (City or town) (0	County) (State)
21. I certify that/Aatter	ided the deceased	from April]	6 19 58 to Ap	ril 18, 19 58 manut	International Control
ABILITY OF THE STATE OF THE STA	rikaka kanana ang Palanana	xxx and that death	accurred at 8: 00	P.M., fram the causes and on the	he date stated show
(1)	1	1.		ADDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE COULD	eld Cillo	cell	.M.D. ,		
PHYSICIAN'S DONAL	D D MARK		M.D. VAH FORT	T HOWARD MARYLAND	4-20-58
220. BURIAL, CREMATION, 226 DA	TE THEREOF 22	c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
BURTAT. HP	1124.58 1	BALTIMORE NA	TIONAL	BALTIMORE MARYLA	ND
23. FUNERAL DIRECTOR'S SIGNATUL		ADDRESS		DE DECISTRAD 345 DECISTRAD'S SIG	CALABITOF

N Broadway Baltimore

DATEAPR 2 2 158

O FUNERAL DIRECT After this certificate has been signed by the attending physicion and campletely filled in by they cral director page 3 shauld be defached for use as the buriol-transit permit. Then please remare carban papers. Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the haspital at attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the the registrar priar ta burial, cremation, or remaval, and in any event within 72 haurs after

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oth: Page 4

VS A15 (4) 15M 10/57



BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4326 **CERTIFICATE OF DEATH** 04307

1										teg. Dist.	No.	
Ŧ.	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived If institution Resid					before admission)			
	Baltimore			MARYLAND		Maryl	and	nne A	Arundel			
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Fort Howard			c. LENGTH OF STAY	/ IN 15	c. CITY OR	TOWN (If or	utside corparate l	imils, write RUR	AL and giv	e nearest town)	
П				18 Days		Annap	olis					
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION			A		d. STREET	d. STREET ADDRESS				e. IS RESIDENCE	
	Veterans Administrat			ion Hospi	1121	Tyler	Avenue			YES NO SO		
3.	NAME OF DECEASED	Fir	st	Middle		lo	st	4. DATE	Month		Day Year	
	(Type or print)	JOHN		C.		MOATE		OF DEATH	April		8 19 58	
5.	SEX	6. COLOR OR RACE	7 MARE	HED INEVER MARR	IED 📋	8. DATE OF BIRT		200			FEAR IF UNDER 24 HRS	
	Male	White	WIDOW	ED DIVORCI	ED 🔲	May 24,	1907	150	yrs.	Months D	Dys Hours Min	
10	USUAL OCCUPATIO	N (Give kind of work of	lone 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State	or fareign countr	()		N OF WHAT COUNTRY	
L	Welder			Construction	. Clearfield, Pennsylvania					. S. A.		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
L	James W.	Moate				Stella	Fiefi	leld				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	0. 17 1	INFORMANT			Address	1		
MEDICAL CERTIFICATION	Yes WW IT 578-05-1786 Clin.Rec.Vet.Adm.Hospital, Ft. Howard									d, Maryland		
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]										INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) PURILLENT PERTCARDITIS										UNKNOWN	
	U32 × pusito											
		conditions, if ony, which) (b) MURAL THROMBI OF HEART WITH INFARCTS OF SPLEEN								EN	UNKNOWN	
	gove rise to immediate XXXXIO AND KIDNEY											
	lying couse lost (c)											
	Operation- Embolectomy - terminal aorta- 4/1/58 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES - NO -											
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)											
	20c. TIME OF INJURY	Month, Day, Yea	≥r 20d. II While	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY ctory, street, offic	(Home, form, e bldg., etc.)	20F (City or to	own)	(Cou	inty) (Stole)	
ME	p. m.	19	at wor									
Ł	21. I certify that attended the deceased from March 21 , 1958, to April 8 , 1958, WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
	give maxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx											
	a	1.77	F)				ADDRESS (Street,			DATE SIGNED	
	ACTUAL SIGNATURE	WE WE		34		MD. VAH,	Fort	Howard,	Maryla	nd	4/8/58	
	PHILIDANI											
<u></u>				4.D.								
220	Eurial, Cremation	226. DATE THEREO	58	22c NAME OF CEM				22d. LOCATION		• • •	(Stote)	
23	FUNERAL DIRECTOR'S	SIGNATURE	V 7	Hill Cres	56 6	emetery	240 850'0	Annapol 8Y REGISTRAR	24b REGISTR		ATHRE	
							DATE	APR 1 0 'S		0 (-	
	John Taylor	' funeral H	ome	Annanolia.	Mar		DAIE		T UU		uer	

herol director, eath. Page may be retained by the haspital or attending physician.

• FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be act oched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shot the registrar prior to burial, crematian, or remaval, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be emacuted within all hours aft TO FUNERAL DIRECTOR POSE 3 should be de-

VS A15 (4) 15M 10/57



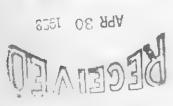
04308

CERTIFICATE OF DEATH

	4	366						Reg. Dist	. No	
1. PLACE OF DEATH				2	USUAL RESIDENCE (V	Vhere decease			before adn	nissian)
Baltimore County			MARYLAND		o. STATE Maryl	and	b. COUNT	ſ		V
b. CITY OR TOWN	b. CITY OR TOWN (If outside corporate limits, write			N 1b	c. CITY OR TOWN (II	outside corpo	rate limits, write:	RURAL and gi	ve nearest to	zwn)
RURAL and give neorest town) TOWSON			1 Yr., 9 N	los.	Balti	more C:	ity	-	V .	- 4
d. NAME OF HOS	PITAL (If not in haspital,	give street a			d. STREET ADDRESS				e. 15 1	RESIDENCE I A FARM?
	rd and Encc	h Prai	tt Hospital	L	100 W. U	nivers	ity Park	way		NO K
NAME OF	Fi	ryl	Middle		Lost	4. DATE	Mo	nth	Day	Year
(Type or print)	Henr	У	Ludwel	11	Moore	OF DEATH	Apr	11	28	19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	0 8. 0	ATE OF BIRTH		9. AGE (In years		YEAR IF UN	IDER 24 HRS.
Male	White	WIDOWE	DIVORCED	No.	venber 21,	1869	lost birthday)	Manths (Days Hau	rs Min.
0a USUAL OCCUPA	ION (Give kind of work	dane 10b. I	IND OF BUSINESS OF				ountry)	12. CITI	EN OF WH	AT COUNTR
rolessor	TECOMONICS	24470	rest*		Marylan	đ		U	. S. A	
13. FATHER'S NAME	Gauge o po] 1	4. MOTHER'S MAIDEN	NAME				-
William	Hanson Moor				Alice Bu	rch				
	VER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17, INFC	RMANT		Add	ress		
No	(If yes, give wor or dates of	service		Ho	spital Rec	ords				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									INTERVAL BETWEEN	
PART 1. DEATH WAS CAUSED BY: Rubture or norther americans									ONSET AND DEATH	
DUE TO										
Condition it are which									2 cmt	
gave rise to immediate care (a), stoling the under										7
lying cause for		c)								
PART II. C										
Elison	Chrome Brain Sign Anom : Corbal arteriosclerosis YES NO									
ZO ACCIDENT NOR CONTRIBUTION (IF EITHER, NOTIL	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Part I or Part II of item 19.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	Y MEDICAL EXAMINER)	-								
20c. TIME OF INJ					OF INJURY (Home, fa		or town)	(Co	junty)	(Slate)
Havr o. m	18	While of work	Nat while	roctor	y, street, office bldg., e	(c.)				
21. I certify that I oftended the deceased from July 28, 1956, to Africa 28, 1956, that I last saw the decease										
1 11.4. 4.12 *7 72 28.65 7.1 3.1 11.5.4										
alive an Alive and 1998, and that death accurred at 1140AM, from the causes and an the date stated above. ADDRESS, (Street, city or town, state) DATE SIGNE										
ACTUAL	11112	an	1		5/2 stell	a art	Pratt	Host	4	6.8/5
SIGNATURE M.D. STATISTICAL INVALIDADA INVALI										
NAME (Type)	W.W.E	=10	in		7	ows	のルーそ	, /	ud	
	ION, 226. DATE THERE	OF V	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCA	TION (City, town,	or caunty)	ſS	tote)
REMOVAL (Speci	Y) A 40. C	. 0	C			17 h				
	4-761-5	<u>></u> ك	GREENM	DUNG"	T	I DAI	TIMADE		~	(I)
CREMATION 23 FUNERAL DIRECTO	OR'S SIGNATURE	<u>>۲</u>	ADDRESS	00 M.		C'D BY REGIST	THORE	STRAR'S SIGN	NATURE	D.

TO HOSPITEL OF LITTENDING PHYSIEIAN: The law remaines that the death certificate be executed within 28 laws after death. Page 4 may be retained by the hospital or otherding physician

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the certain director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and infany every within 72 hours after death. VS A1S (4) 15M 9/SS



BUREAL Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8 & 9, Film G228 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY 5. COUNTY Baltimore MARYLAND Marvland CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give negrest town) Towson Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? E. Burke Avenue 3 E. Burke Avenue YES NO NO NAME OF First Middle Lest 4. DATE Month Day Year DECEASED (Type or print) Eugene G. DEATH Morris April 1958 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days Hours Mile Male White August 2. WIDOWED 7 DIVORCED | popers. YES compl 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Baltimore. Maryland USA carbon Pharmacist Mears. Druggist after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Margaret Maloney Eugene M. Morris BOOK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Eugene Robert Morris 3 E. Burke Ave. Towson Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN 20/05/17 る PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of 420,1 DUE TO Conditions, if any, which gove rise to immediate i Per **DUE TO** cause (a), stating the underond lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Q. ft. Not while at work of work p. m. 21. I certify that/I attended the deceased from that I last saw the deceased alive on_ M, fram the causes and an the date stated above. ADDRESS (Street, billy or lown, state) DATE SIGNED ACTUAL σ PHYSICIAN'S NAME (Type) may be O FUNERA 220. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) New Cathedral Cemetry Burial Baltimore Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE APR 1 8 '58 DATE 15M 9/55



BUTEAU V. S

4329 Reg. Dist. No. 1431() **CERTIFICATE OF DEATH** filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY 5 COUNTY MARYLAND CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 26 YES IN NO NAME OF Middle 4. DATE **Увог** DECEASED OF (Type ar print) DEATH 5. SEX 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS Months Days complei WIDOWED K DIVORCED | execuled papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth during most of working life, even if retired) 00152 ond carbon offier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician LOWREY requires that the death certificate move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ABelmont Ave. -38-7212 Mrs Grace M. Zimmerman attending Woodlawn, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN S WEEK PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** C. Y. DISEASE þ Ë any Conditions, if any, which been signed I-transit permit gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removal, PERFORMED? 0 YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II at Part II of item 18.) certificate 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. ft. Not while factory, street, office bldg., etc.) While 19 ot work of work p. m. 21. I certify that I attended the deceased from 52, that I last saw the deceased and that death occurred at 5:19 A M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ray be retained by FUNERAL DIRECT be prior 3 should t NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) may REMOVAL (Specify) Randallstown, Balto. Co. Md Mt. Olive Cemetery 2 ADDRES 510 Liberty 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Heights Ave. DATE

within 24

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

BUREAU V. S.

OBVED SOL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1			133	CERTI	FIC	ATE OF DEATH			Reg. Dist.		312
1.	PLACE OF DEATH COUNTY Baltimo:	re		MARY	LAND	2 USUAL RESIDENCE (Who be STATE Maryl and	ere deceased li	ved. If institutio b. COUNTY	n: Residence b	efore admiss	ion)
	b CITY OR TOWN (IF RURAL and give nec		ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or	utside corporati	e limits, write RU	RAL and give	nearest fowr	1) 4
L	Fort Ho			13 Days		Baltimore		1	13: 1	L	
Г	d NAME OF HOSPITA	U. (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e. 15 RES	IDENCE FARM?
		s Administ	ratio	on Hospital		2208 North	Monro	e Street	t		NO DE
3	NAME OF DECEASED (Type or print)	NATHAN		Middle P.		NICHOLS	4. DATE OF DEATH	April	'n		Yeor 19 58
5.	SEX	6. COLOR OR RACE	7 MARI	HED NEVER MARRI	D 🔲	B. DATE OF BIRTH	9		IF UNDER 1 Y		
	Male	Colored	WOOW	DIVORCE		March 13.]	1974	lost birthdoy)	Months Do	ys Hours	Min
16	o. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stote of	or foreign coun	lry)		OF WHAT	COUNTRY
1	Janitor	ng me, even n tenred		Dairy		Petersburg	g, Virg	inia	U.	S. A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
L	Henry O. N	ichols				Annie Powel	11				
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17 1	NFORMANT		Addn	953		
Ĺ	, ,	WWIII		219-01-5235	C	lin.Rec., Vet.	ldm. Hos	pital,F	t.nowai	rd, Ma	rylan
F	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c).]					NTERVAL BE	
П	PART I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	ART	ERIOLAR NE	PHRO	SCLEROSIS				NSET AND	RS
	12 1 ×	DUE TO									
	Conditions, if an	y, which) th	HYF	ERTENSIVE	CARI	DIOVASCULAR DI	SEASE			3 YEA	IRS
	gave rise to im										
	lying cause lost.) (0	}								
2	PART IT OTH			7		NOT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART I	19. WAS	AUTOPSY RMED?
	BRUNCHOP	NEUFIONE 1	RIGHT	LOWER LOB	E .	41.					NO 🗌
CESTIFICATION		CAUSE OF DEATH	206 DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in P	ort f or Part II	of item 16)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Ye	While of wor	NJURY OCCURRED Not while k ot work		ACE OF INJURY (Home, form, clary, street, office bldg., etc.)		lawn)	(Covi	nty)	(State)
	21. I certify the	ot X attended the	deceas	ed from March	1 27	, 19 58 , to ADI	ril 9	158	,thatWilds	Ckowetha	46999
						occurred at 122					
	M	1 118		1 ~				t, city or town, s			ATE SIGNE
	SIGNATURE	wen W		tall		M.D. VAH, FORT	HOWARI	MARYL.	AUD	14/	10/58

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of ached for use as the burial-transit permit. Then please remove carbon papers, burial, crematian, or remayal, and in any event within 72 hours after death. e hospital or attending physician. moy be retained by
TO FUNERAL DIRE TO HOSPITAL OR

nerol director

the ottending physicion and completely filled in by Then please remove carbon popers. Imges 1 and 2

eoth. Poge

PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220 BURIAL, CREMAT ON,

4-14=58

22c NAME OF CEMETERY OR CREMATORY Baltimore National Cem.

22d. LOCATION (City, fown, or county) Baltimore, Maryland 240. REC'D BY REGISTRAR

DATE DI 1

246 REGISTRAR'S SIGNATURE

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESSimore 1, Md.

BUTTAL (Specify)

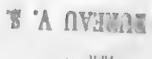
Charles R. Law Mortuary, 302-01 Madison Ave.

VS A15 (4) 15M 10/57

the registror priar to



1-	×			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4313
FOR ST	ALE!	7		- MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH E	-	.	1 1	Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
98 4				LCOUNTY PO 1 TIME (P. D. COUNTY PO) 4
eld a light)	b	CITY OR TOWN (If outside corporate firms, wife RUPA) C. LENGTH OF STAY IN 16 C. CITY OR TOWN If outside corporate insis, write RUPA, and a very negretational
5 2		/		and give recreat town of the standard to the s
8			d	NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS e is RESIDENCE
ed for				2084 Jasmine Rd 2084 Jasmine Rd VIS NO
fune fune stoin Stot			3, [VAME OF Lost 4. DATE Month Day Year
F 9 5 9 6 9 6 9 6 9 6 9 6 9 6 9 6 9 6 9 6			-	Type or print) fac E ////ert DEATH April 21 1938
For To			5. 5	(on burnholy) Martha Dove Mayre Miles
2 ± 2 € 2 € 2 € 2 € 2 € 2 € 2 € 2 € 2 €			E	emale while wildowed bivorced Dune 1/8/3 8 7 m.
Jean Jack	,		10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?
· - · - · · · · · · · · · · · · ·	T			Housewife Baltimore Md U.S.A.
MAG.		۱ ا	13.	FATHER'S NAME
hour F Pa	-		10	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Olive for				TO BE INCHES OF THE PROPERTY O
thin 8. 8. 1. 1. 1. 1. 1. 1.				No None. Dell Brown 803 Oak St. Winnetke 11
Per l				18. CAUSE OF DEATH [Enter only one cause pertine for (a), (b), and (c)] PART 1 DEATH WAS CAUSED BY:
of the office of				PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) TAMENTO MY HAT TO BUE TO
ffica ffica fron		V		
Tiol O				Conditions, if any, which (b) gave rise to immediate cause
in i				(e), stating the underlying DUE TO
sho omi			z	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(6) 19. WAS AUTOPSY
ending of Ex		-	ATIO	Manuel Brown Theumoni.
dice of			TIFIC	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCUPANO (Enjer ngagra of injury in Port I or Port II of Item 18.)
vord vord vid			CER	PRIMARY DO CONTRIBUTING I TULI DE LOVA
The second			Z.	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Sounty) (Sounty)
NEW PER	1	1	MED	Hour a.m. 3/1/18 19 While Not while of work of work of work of work
Pog Pri		- 1		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry and in my
P. P. B.				apinion death_resulted fram: Natural causes, Accident, Suicide, Hamicide Undetermined manner
U 接 3 m 0				ACTUAL AND ATT 10
Cert for DiR				SIGNATURE AD A D MD. CHIEF MEDICAL EXAMINER
or the hid be				EXAMINER'S M.B. DAVIS MI) ASSISTANT MEDICAL EXAMINER D T/2-1/18
Shot Shot			220	BURIAL CREMATION 226 DATE THEREOF 27C. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
0 4 6 9			1	Burial April 24 1938 Green mount Cem Baltimore, Md
VS. A15ME (V		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 2/57	il.		Y	Melville Jenkino 27/3 Hirk Ave. OATE APR 2 4 '58 With estuch





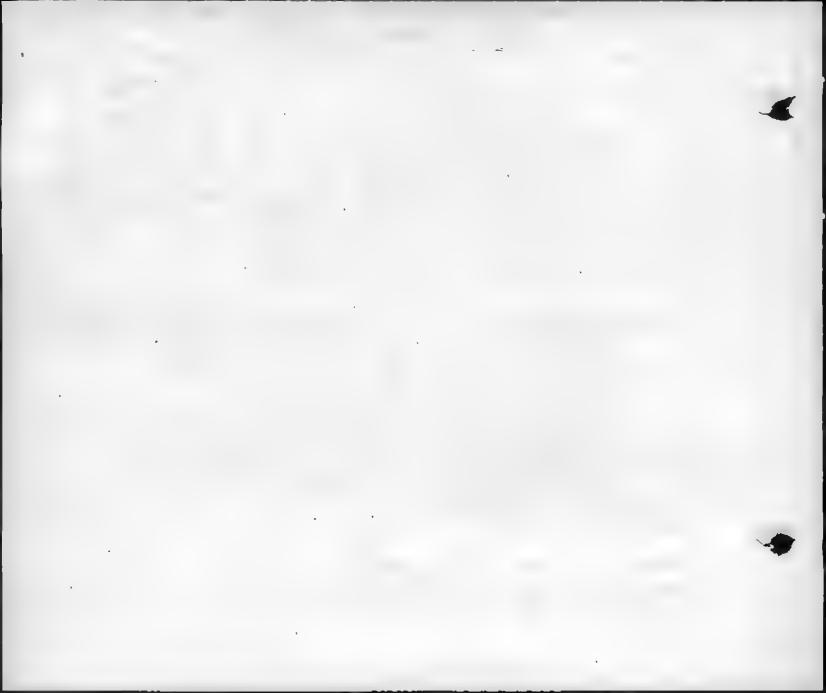
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4332

04314

CERTIFICATE OF DEATH Reg. Dist. No.

1 PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Bultinore
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Twoson
d NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Armacost Nuring Home	d. STREET ADDRESS 131 Regester Avenue e. IS RESIDENCE ON A FARM? YES \(\sigma \text{NO \(\sigma \text{X} \)} ves \(\sigma \text{NO \(\sigma \text{X} \)}
3 NAME OF DECEASED (Type or print) Miss Elizabeth Middle	Noonan April 26th 19 58
temale white WIDOWED DIVORCED	B DATE OF BIRTH Aug. 27, 1880 9. AGE (In years If UNDER 1YEAR IF UNDER 24 HRS last birthdoy) yes Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Baltimore, Maryland USA
13 FATHER'S NAME Jeremiah Noonan	Mary Hennessey
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN [If yes, give wor or dates of service]	rs. Eileen Taylor, 131 Regester Avenu
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LLLL Z DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the under-ly ng couse tost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	YES NO 23-
Total Control of State	ACE OF INJURY (Hame, form, 20f (City or lawn) (County) (State) tory, street, office bldg., etc.)
27. I certify that I attended the deceased from 20 and that death actual signature 12 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2	accurred at # P. M., from the causes and an the date stated above ADDRESS (Street, city or town, state) N.D. 750 NELLED ACCURATE SIGNED N.D. 750 NELLED ACCURATE SIGNED
220. BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR NEW Cathe 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	dral Cem. Baltimore, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Leonard & Ruch 5305 Harword Roa	d #111 mass 150 Comp ()



240. REC'D BY REGISTRAR

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TO HOSPITAL 0 VS A1S (4) 15M 9/S5

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FUNERAL DIRECTOR'S SIGNATURE

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BURLAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page

death certificate

requires that the

O HOSPITAL



BUREAU V. S.

22¢ NAME OF CEMETERY OR CREMATORY

04317

Yeor

1958

(State)

DATE SIGNED

(State)

22d. LOCATION (City, lown, or county)

240 REC'D BY REGISTRAR APR 1 5

0

pode

BURIAL CREMATION, 226

REMOVAL (Specify)

EUREAU V. S.

PEREIVEL :

VS A15 (4) 15M 9/SS

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IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	1	1
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1225 CERTIFICATE OF DEATH

04318

			# 0 O	J 011111	101	0				Reg. D	ist. No.		
1. PLA	CE OF DEATH					2. USUAL RESI	DENCE (Who	ere deceated	lived. If instituti	anı Resider	nce before	e admiss	ian)
o. C	TINUO	Baltimore		MARYL	AND	o STATE	MJ.		b. COUNTY	Ba	lio.		
ь. С	ITY OR TOWN	If autoide carporate limi	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR 1	OWN (IF or	utside carpor	ate limits, write R)
K	URAL and give n	nsville				5% (Caton	avil:	l a				
d. N	IAME OF HOSPI	TAL (If not in hospital, g	ive street	oddress)		d. STREET A						. IS RES	IDENCE
,	R INSTITUTION	3 Osbori	ne As	7 P		3 Os	born	e Ar	70.				FARM?
3. NAJ	ME OF	Fit		Middle		los		4. DATE OF	Man	th	Doy		reor
	EASED e or print)	Hanly	*	Woodin	0	swald		OF DEATH		ril	23		12 58
S SEX				IED NEVER MARRIED		DATE OF BIRTI	+		9. AGE (in years	IF UNDER			
	M	W	WIDOWS			Jan.	37 - 0		last birthday)	Months	Days	Hours	Min
10a US	UAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR			ACE (State o	or Toreion co	-	112 CI	TIZEN OF	WHAT	COUNTRY
du	ting mast at war	king life, even if retired Agent)	Fuel Co.			Penn		**			,,,,,,,	
13. FAT	HER'S NAME	#PQ0110		ruer oo.		14. MOTHER'S							
		Richard	ā (Dswald				izabe	th Usa	0777			
15 WA	S DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 18	FORMANT	علوفات	1280	Add	nly			
Yes, no	or unknown)	lit yes, give wor or dates of s		JOEINE BEECKITT 140.		_	Oare	102 /	_		T ~ ~ ~		28
	W.L				W.	Bruce	VSW	lad 4	05 Fore	386 .	Lane		
118.		ATH [Enter only one co ATH WAS CAUSED BY	iusa per lir	ne far (a), (b), and (c).]		20	- /	-	-			RVAL BE	
	. FARIT DE	IMMEDIATE CAUSE (o	1	orone	4	Jusa	me	-074				151	4
	1.7	DUE TO	,		1		· ·	-				, .	
	anditions, if a		1	Egenes	270	المحادث	Y	<i>-U.</i>			6	> 74	Lames!
	ave rise ta i suse (a), stating		0			10	V.	_	5.0.				
	ing cause last	(0)(1	ليا ليد	シアゼ	210	ير هي حصافر	o-Reig	<u>- </u>		
[[]	PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H WI	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 19	WAS A	AUTOPSY
CERTIFICATION 1990													NO 🚉-
200	ACCIDENT W	AS UNDERLYING DEATH	20b. DES	RIBE HOW INJURY OC	CURRED	. (Enter nature a	f injury in P	art I ar Part	II of item 1B)				
10 Kin	EITHER, NOTIFY	MEDICAL EXAMINER)											
₹ 20c	. TIME OF INJUI	RY Month, Day, Ye	or 20d. Il	NJURY OCCURRED 2	De PLA	CE OF INJURY	Home, form,	20f. (City	ar town)	- (County)		(State)
WEDICAL 200	Hour a.m.	19	While of work	Not while	taci	ary, street, office	bldg., etc.)	1					
				4/	2	10	. 11	-23	.53		1 .	-11	,
1 1		ngt I attended the	deceds			1792.50.	10.5						deceased
al	ive an			and that a	seath	accurred at		M, tran	the causes o	ind an t	he date		
AC	TUAL	B	516	100		(0		400KE33 (3II	eer, city or lown,	sidie)		11 -	TE SIGNED
SIG	NATURE	THURA!	295	ansel	h	LD.			OLULA			4	23
	STOLAN'S												
	ME (Type)												
ZZa. BL	IRIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMET	-				ION (City, Iown,	- /		(State)
	MOVAL (Specify) ප්	Loudon	Far	rk Cen.			to.	Mu.			
	NERAL DIRECTOR			ADDRESS				BY REGIST		TRAR'S SI	GNATURE	E	
Fa	rley F	uneral Ho	ome (Cabonsvill	le.	Md.	DATE AP	R 2 8 '5	8 111-				

PECEUVICU APR APR APR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved If institution. Residence before admission o. COUNTY MARYLAND b CITY OR TOWN (Fourtide corporate firms, write RUPAL E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town). and give represt town lowson owson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM Kaven YES NO TO 3. NAME OF Eirst 4. DATE Year DECEASED (Type or print) eonard DEATH 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED | 8 DATE OF BIRTH 9 AGE (In years lest birthday) Months male WIDOWED [100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY duping most of working life, even firetired) 12 CITIZEN OF WHAT COUNTRY? 900 Untician 13. FATHER'S NAME 17. INFORMANT 16 SOCIAL SECURITY NO 8128 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which ! gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of stem 18) 20o EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. m Not while of work of work 2). I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . opinion death resulted from: Natural causes 1-Accident . Suicide . Homicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, town, or county) (State) 24g REC'D BY REGISTRAR

DATE APR 2 1

A15ME

PECENV. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(County)

(State)

DATE SIGNED

(Stote)

ON A FARM?

YES NO

19

Rea. Dist. No

Months



JUREAU V. S.

	4	<u> </u>	CERTII	ICA	IL OI DEATH	1		Reg. Dist	t. No.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	- 11	2. USUAL RESIDENCE (WHO STATE Mary La		f lived. If institute b. COUNTY	on. Residence Balt		admission)
RURAL ond give i	(If outside corporate limi regrest town)	ts, write	c. LENGTH OF STAY II	4 1b	c. CITY OR TOWN (IF or			URAL and g	ive neare	st town)
Catons			1 mth3dys		X Baltimore	Count	y Home			
OR INSTITUTION	ROVE STATE		SPITAL		/ d. street address Cockeysv	ille.	Marylane	d	1	ON A FARM? YES NO
3. NAME OF DECEASED {Type or print}	Mato	rst	Middle		losi Palic	4. DATE OF DEATH	Mon Apri		Doy 23	Yeor 19 58
5 SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	n 18	DATE OF BIRTH	1	9 AGE (In years			UNDER 24 HRS
male	white	1	ED unkolvorced		Feb. 24. 18	380	lost birthdoy) 78 yrs.	Months	Doys I	Hours Min.
100 USUAL OCCUPAT during most of wo	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stole	or foreign co	ountry)	12. CITE	ZEN OF	WHAT COUNTRY
unknown					Austria			Au	<u>ıstri</u>	ia
13. FATHER'S NAME					14 MOTHER'S MAIDEN N	AME				
George	***				Mary	r				
15. WAS DECEASED EV (Yes. no or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INE	ORMANT		Addr	ess		
unknown		Ų	nknown	Rec	ords: SPRIN	G GR	OVE STA	Th HO	S.II	PAL
Conditions, if a gove rise to couse (o), storing lying couse last.	immediate DUE TO	G	ene ralized	arte:	cardiovascu			FN IN PART		WAS AUTOPSY
CATR	AS UNDERLYING []				(Enter nature of injury in P					PERFORMED?
OR CONTRIBUTING	G CAUSE OF DEATH	100. 013.	CRIDE FION HOURT OC	CORRED.	tener noure or injury in r	011 1 01 1 011	ir or nem 10.)			
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Ye	While of worl	Not while	Oe. PLAC foctor	E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City	or lown)	(C	ounty}	(Stole)
21. I certify to alive an Arract SIGNATURE PHYSICIAN'S	hot I attended the oril 23	decease 19 Vac			ccurred at 5:50p	M, from ADDRESS (ST	23 19 58 If the couses of reet, city or town, STATE F	nd an th		the deceased stated above DATE SIGNED 11-21-58
NAME (Type) 22g. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	in le	M. D.	ERY, OR C	-Catonsvil		Marylar	or county)	7	(Stote)
23. FUNERAL DIRECTOR	e's signature	Kay	ADDRESS	131	S L POATE AP	BY REGIST		TRAR'S SIGN	NATURE	euen

d be filld with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be delached far use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

14

DE AMEDER

BUKEAU Y. S.

neral director, Id be filed with

death! Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Wm.Cook-Blight, Inc., 6009 Harford Rd., Balto. 1/1, Mapare

CERTIFICATE OF DEATH

04322

	4	566	CERTIFICA	AIL OF DEATH	Reg	Dist. No.
. PLACE OF DEATH a COUNTY Baltir	more		MARYLAND	2 USUAL RESIDENCE (Where deco	eased lived If institution Res b. COUNTY	idence before admission)
b. CITY OR TOWN (If RURAL and give near		ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside o	corporate limits, write RURAL o	and give nearest town)
Fort 1	Howard		1142 Days	Baltimore	·	
d. NAME OF HOSPITA OR INSTITUTION Vetera			oddress) tion Hospital	d STREET ADDRESS 3023 Pine	wood Avenue	e, IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED	Fir	st	Middle	Lost 4. DA	TE Month	Day Yeor
(Type or print)	JOHN		Lee	PEDDICORD DE	ATH April	13 19 58
. \$EX	6. COLOR OR RACE	7 MARS	RIED NEVER MARRIED	B DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS
Male	White	WIDOW	ED DIVORCED	April 12, 1893	65 yrs. Mont	hs Doys Hours Min.
o. USUAL OCCUPATION	N (Give kind of work in	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF WHAT COUNTRY
Watchman		Co	onstruction Co	. Baltimore, Ma	ryland	U. S. A.
3. FATHER'S NAME				14 MOTHER'S MAIDEN NAME		
Albert B. 1	Peddicord			Suzie L. Cook		
Yes	IN U. S. ARMED FOR	Ymmuna Y		in.Rec.,Vet.A.m.H	Address lospital, Ft.	Howard, Marylan
Conditions, if on gove rise to im couse (a), sloting the	mediate (ro Ci		ES WITH BLEEDING ESTINAL TRACT VER	HEMORRHAGIC	1 WEEK 1 WEEK
lying couse lost. Part II. OTHE Peptic ul	lcer, duod	DITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN	
Peptic ul Peptic ul 200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or	Part II of item 18.)	
20c TIME OF INJURY Hour a m. p. m.	Month, Day, Yea	While	NJURY OCCURRED 20e Pt Not while k at work	ACE OF INJURY (Home, farm, 20f. ctory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify the	it I attended the	deceas	ed from February	26, 155 , ta April	13 1958 Xha	Killert Sow this december
ACTUAL SIGNATURE	Qui V	CXXXXX		occurred at 9:20P.M. i ADDRES	\$ (Street, city or town, state)	DATE SIGNES
PHYSICIAN'S NAME (Type) CI	HIEN WEI L				IARD, IARYLAND	
BURIAL CREMATION REMOVAL (Specify)	22b DATE THEREO	SP	Baltimore Na	r CREMATORY 22d. 10 tional Cemetery	Baltimore, M	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

TO FUNERAL DIREC*: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be anached far use as the burial-transit permit. **Them please remave carban papers. Pages 1 and 2 sho the registrar prior to burial, cmmattan, ar remaval, and in any ment within 72 hours after death. VS A15 (4) 15M 10/57

US VIEDERY S IN UNATURE

04323

CERTIFICATE OF DEATH

				434	(1)						Reg. Dist.	No.		
	1, [PLACE OF DEATH	TIMORE		MARY	LAND	2 USUAL RESIDENCE a. STATE MARYI			lived. If institution b. COUNTY	n: Residence	before a	dmission)	
		b. CITY OR TOWN	If outside carporate limit	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN			ote limits, write R	JRAL and giv	e negresi	l lawn)	b
		FORT HOWA			12h DAYS		BALTI		RE	No.	3 V a	1 1	L	
		OR INSTITUTION	TAL (If not in hospitol, g ADMINISTRAT				d. STREET ADDRES		ULLOH	STREET		- (S RESIDE ON A FA ES 🗀 N	R-4/2
	3.	NAME OF DECEASED	Fire	st	Middle		Last		4. DATE	Mon	h	Day	Yeo	F
		(Type ar print)	GE	RSON	L		PERRY		OF DEATH	APRI	L	4	19	58
	5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED 🔲 NEVER MARRIE	D 🔲 1	DATE OF BIRTH		9	AGE (In years last birthday)	Months D			
		MALE	NEGRO	WIDOW	ED DIVORCE	KK.	APRIL 13, J	189	8	59 yrs	Months	bys H	DUTS	Min
1	100		ON (Give kind of work or king life, even if retired)		KIND OF BUSINESS O	R INDUS	TRY 1) BIRTHPLACE (S	tate (or fareign co	intry)	12 CITIZ		VHAT CO	UNTRY?
j .		AUTO MECH	HANIC				BALTIMOF		·	AND	U.	S.A.	· · · · · · · · · · · · · · · · · · ·	
	13.	FATHER'S NAME					14. MOTHER'S MAID	EN N	AME					
		GEORGE PI	ERRY				ELLA JOH	INS	ON					
		WAS DECEASED EV	ER IN U. 5. ARMED FOR- (If yes, give wor or dates of so		SOCIAL SECURITY NO.	. 17. 18	FORMANT			Add				
		YES	W-1	2]	16-05-8517	CI	IN REC VE	r A	DM HOS	SP FT H	WARD	MD		
		18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).			· l				INTERV	AL BETW	EEN
		PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (or	E	CEPHALOMAL	ACIA	LEFT CERE	BRA	L CORT	EX		UNK	NOWN	AIR
,		904.	5 DUE TO											
No.		Conditions, if		St	JEDURAL HEM	ORRH	AGE					UNK	NOWN	
		gove tise to couse (a), stating) DUE TO											
		lying couse lost.	(c	F	RACTURE OF	THE	SKULL					UNK	NOWN	
	N N	PART II. QT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE T	ERMII	NAL DISEASE	CONDITION GIV	EN IN PART	(a) 19. Y	WAS AUT	OPSY ED?
	3	PORTA	CIRRHOSIS									YE	S TO N	10 🔲
	CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)		aown. Fou		n street l							
	MEDICAL	20c. TIME OF INJU	RY Manth, Doy, Yes		NJURY OCCURRED		CE OF INJURY (Hame, lary, street, affice bldg.			or town)	(Co	unty)		(Stote)
1	WED	Hour a.m. p.m.	12 1 19 5	While of wor	k at work	100	Street	, 616.	* I	ltiore	City		Ĭ,	4d.
		21 Leartify t	hoT/Aattended the	decens	ed from DECEM	RER		AF				charme	there	Z'ACINO
	١,	Alienvery			reserves and that	deoth	occurred at 9: 5	0 1	PM from	the couses o	and on the	noena data	stated.	above
	1	SALES CONTRACTOR	hastanteataujeutuutestuutestuuten		- /	acom	occorred occasion			eet, city or town,		uuic		SIGNED
		ACTUAL	Dued K	10	mell	,	A.D. VAH F	ori	t Howa	rd Maryl	and		4-6	-58
1		PHYSICIAN'S NAME (Type)	DONALD D MA	RK			M.D.							
	220	BURIAL CREMATIC	ON, 22b. DATE THEREC		22c NAME OF CEME	TERY O	CREMATORY		22d. LOCAT	ON (City, town,	or county)		(Stote)	
		REMOVAL (Specify	Apr. 9,	1958	BALTIMORE	NAT	TONAL		BALT	IMORE MA	RYLAND)		
	_	FUNERAL DIRECTO	to annidomina C		ADDRESS			REC'E	BY REGISTR		TRAR'S SIGN			
	d	hamles Rt	- Muller	mma !	SF Balta N	īa.	DATE	A	PR 1 1	158 (70	ed . n.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECT page 3 should be app VS A15 (4) 15M 10/57

may be retained by the hospital or attending physicion.

O FUNERAL DIRECT After this certificate has been signed by the attending physicion and campletely filled in by the page 3 should be approched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shat the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

death. Page 44 eral director



		40	41				•		Reg. D	ist. No.		
	1. PLACE OF DEATH				2. USUAL RESII	ENCE (WI	here deceased	d lived. If institut	tion: Reside	nce before	e admissi	on)
	o. COUNTY B	altimore		MARYLAND	o. STATE	Mđ.		b. COUNTY	' В	alto		
1	RURAL ond give no	foutside corporate limits, orest fown). NSV111e	write c. LENGTH	OF STAY IN 16			outside corpo	rote limits, write	RURAL ond	give near	est fown	
١.	d. NAME OF HOSPIT	AL (If not in haspital, give			d STREET A					·	. IS RESI	DENCE FARM?
		84 N. Pro	arect A	ve.	<u> 34</u>	Pros	speut	Ave.			YES 🗌	№ □
	3. NAME OF DECEASED (Type or print)	First	16.07	Middle	los De Lee		4. DATE OF DEATH	Mo		Day		bor
	5. SEX	Anna 16. COLOR OR RACE 17.	м.		Pfeiffer		DEATH		ral	22		9 58
	F		MARRIED NEV	DIVORCED	Nov. 16	.198	35	9. AGE (In years lost birthday) 72 yrs	Months	Doys	Hours	Min
	10o. USUAL OCCUPATIO	ON (Give kind of work daning life, even if retired)	e 10b. KIND OF 8	USINESS OR IND				ountry)	12. CI	TIZEN OF	WHAT	COUNTR
	Housew	ife	Но	me		Md.			1			
	13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME					
	He	rman Sande	rs				Eliza	abeth	Kep	ke		
		R IN U.S. ARMED FORCES		URITY NO 17.	INFORMANT			Add	dress			
				Wr	n. A. Pf	coiff	er M	KIN S.	Roll	ing	aid.	
		TH [Enter only and cause TH WAS CAUSED BY IMMEDIATE CAUSE (a)	per line for (a), (b	o), and (c).	Ohn	mb	des			INTERVAL SETWEEN ONSET AND DEATH		
	Conditions, if ony, which) (b) arterio selevoris										years -	
	gave rise to immediate cause (a), atoting the under- lying couse last. C) Part II. OTHER SIGNIFICANT CONDITIONS CONFRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART									ye.	yean.	
,	PART II. OTH 20g. ACCIDENT WA CONTRIBUTING IF EITHER, NOTIFY	ER SIGNIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO	THETERM	NAL DISEASI	E CONDITION GI	VEN IN PAI	V	WAS A PERFOR	
		S UNDERLYING (1) 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCURR	ED. (Enter nature a	injury in I	Part I ar Part	t II of stem 18 }				
	20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCC While Not w at work at war	hilefi	LACE OF INJURY (I octory, street, affice	lame, farm bldg., etc	. 20f. (City	or town)	((County)		(State)
	21. I certify the	at I attended the de	Concept Concep	Tel- and that deat	h occurred at	370	m 2 4M, from	195° n the causes	and on t			
	ACTUAL TO	Thombers	Fort-		м.в. 6		ADDRESS (S)	reet, city or lawn	e port	irle	2 DA	TE SIGNE
-	PHYSICIAN'S NAME (Type)	ether	bee	For	<u> </u>			m 24				
	220. SURIAL, CREMATION REMOVAL (Specify) BUTIAL	N. 226. DATE THEREOF		E OF CEMETERY				IION (City, tawn,		7	(State)
	23 FUNERAL DIRECTOR'S	SIGNATURE	ADDR.	raine I	ærk	01 05-1		<u>losālaw</u>		Chiazuse		
		uneral Hom		nsville	. 3	DATE P	d by regist 3.2 / R 158	1	ISTRAR'S SI	' 1		
	- CTTON T	CHOT CT 11071	0,00	TIO A TITE	3 . 12G .	DATE	1 4 0 30	16 (1)-	N 2 KLL	1/A		

Will- Leous

e haspital or attending physicion.

After this certificate has been signed by the attending physicion and completely filled tached far use as the burial-transit permit. Then please remave carbon popers. Rages 1 (burial, cremotion, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIRECT R: After page 3 should be detached fithe registrar prior to buriol, TO HOSPITAL OR ATT VS A15 (4) 15M 9/55

requires that the death certificate be executed within 24 hours afry

in by

8.9

SELVIZIOZIONI 8.V. UAZAUA

CERTIFICATE OF DEATH

Reg. Dist. No.

04325

4342

	PLACE OF DEATH o. COUNTY BE	altimore	MARYLAND	- 11	o. STATE Marylar	nere deceased live		Residence Balti		lmission)
	B. CITY OR TOWN RURAL ond give to Catonsvi	(If outside corporate limits, write pearest town)	LENGTH OF STAY IN 16		c. CITY OR TOWN (If o		limits, write RUA	RAL and giv	re nearest	fown)
	OR INSTITUTION	rove State Hospi	oddress)		/d STREET ADDRESS 622 Milford		ad		0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Blanche	Middle Me	4	Phillips	4 DATE OF DEATH A	Manth pril	5,	Day	Year 19 58
	remale	6. COLOR OR RACE 7. MAR WIDOW		В	8-6 FOR UN	D	4 3 2 44 7 4	Months D	YEAR IF U	NDER 24 HRS Urs Min
0c	USUAL OCCUPATE during most of wor	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INC	OUSTRY	Virgini		7)		EN OF W	HAT COUNTRY
3	FATHER'S NAME	-			4. MOTHER'S MAIDEN N					
	Washburn	arin	naton		Martha Ke	ith				
			SOCAL SECURITY NO. 17	INFO	RMANT		Addres	3		
	iO	(II yes, give war or dates of service)	unknown	Mrs	. Zealous H	lummer 36	522 Mill	ford	M511	Road
_	•	ATH [Enter only one cause per li							INTERVA	LBETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	teriosclerotic	2.0	ardiovascul:	ar disea	se		ONSET A	ND DEATH
	422.1	DUE TO	4.4.4000444444			3				
	Conditions, if	ony, which }								
	gave rise ta	immediate Out TO								
	lying cause last.	THE OHOW:								
Z		HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERMI	INAL DISEASE CO	NDITION GIVEN	I IN PART	(o) 19. W	AS AUTOPSY
CALIC	Celluli		nd chest						PE	RFORMED?
CKK IN	OR CONTRIBUTING	AS UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED (inter nature of injury in I	Part I or Part II o	f item 18.)			
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Year 20d. I White of wor	Not while	PLACE	OF INJURY (Home, farm r, street, office bldg., etc.	20f (City or I	own)	(Co	unty)	(State)
	21. I certify ti	hat I attended the deceas	ed from March	7	, 19 58 to A	pril 5	10 58	that I Ia	et cow t	he decease
	alive an	April 5 19	40	th or	curred at 7:00p	M from th	e contes on	d on the	dote ti	toted above
			1 .			ADDRESS (Street,			dole s	DATE SIGNE
	ACTUAL SIGNATURE	Lella Wacl	islir	_ M.D	SPRING C	ROVE STA	TE HOS	PITAL		4–6–58
	PHYSICIAN'S NAME (Type)	STELLA W	ACHSLER		Catonsvi	lle 28,	Marylan	d		in they have you you may also take also have
20	BURIAL CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22c NAME OF CEMETERY	ort	etelmetry	22d. LOCATION	(City, town, or	county	25	Stote
3	FUNERAL DIRECTOR		ADDRESS			D BY REGISTRAR	24b REGISTS	RAR'S SIGN	ATURE	
	Loring By	vers Funeral Hom	e, Randallsto	wn	Md. DATE	IBD 4-0 JE0	Peo	(.	F E	

death. Page 4 haspital ar attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the After this certificate has been signed by the attention propers. Pages I and 2 showed for use as the buriot-transit permit. Their please remove carbon papers. Pages I and 2 show the removing or removal, and in any event with 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofte ached for use as the buriol-transit permit. page 3 should be dracked for use as the burial-transit permit. The registrar prior to burial, cremation, or removal, and in any may be retained by

VS A15 (4) 15M 10/57

BUREAU V. A.

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PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING] OR CONTRIBUTING] CONCONTRIBUTING] OR CONTRIBUTING] OR CONTRIBUTI	L			434	3 CERTI	FICA	TE OF DEAT	H		Reg. Dist. N		UAU
Baltimo te County B. CITY OR TOWN (If outside corporate limit), write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limit), write RURAL and give necrest town) M. Wilson, Mary land d. NAME OF HOSPITAL (If not in hospital), give street oddress) Mt. Wilson State Hospital J. NAME OF HOSPITAL (If not in hospital), give street oddress) Mt. Wilson State Hospital J. NAME OF HOSPITAL (If not in hospital), give street oddress) Mt. Wilson State Hospital J. NAME OF HOSPITAL (If not in hospital), give street oddress) Mt. Wilson State Hospital Middle J. NAME OF HOSPITAL (If not in hospital), give street oddress) Mt. Wilson State Hospital J. NAME OF HOSPITAL (If not in hospital), give street oddress) Mt. Wilson State Hospital J. NAME OF HOSPITAL (If not in hospital), give street oddress) Mt. Wilson Reace 7. Married Not No							2 USUAL RESIDENCE (W	here deceased			efore admissi	ion]
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Mt. Wilson, Maryland d. NAME OF PHOSPITAL (If not in bospind), give street oddress) Mt. Wilson State Hospital J. ADATE OF DECEASED J. ADATE HOSPITAL (If not in bospind), give street oddress) J. NAME OF DECEASED J. ADATE HOSPITAL J. AD	,	b. CITY OR TOWN (I	outside corporate lim	its, write	c. LENGTH OF STAY	IN 16	e. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospital) we street oddress) OR INSTRUCTION Mit Wilson State Hospital Victor C. // N. State Hospital OR INSTRUCTION Mit Wilson State Hospital Victor C. // N. State Hospital OR INSTRUCTION OR FARM? PI LOST PI	V			end			Cullen			1.		
Mtb Wilson State Hospital VICTOR C. I		d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, i	give street	oddress)		. 1 . 1				e. IS RESI	IDENCE FARM?
DECASED (Type or print) A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A / EXGNed ET A /	L.		n State Ho	spita	1		VICTOR Cal	Ven Si	tote Ho	50.		
S. SEX 6 COLOR OR RACE 7. MARRIED 1. MARRIED 1. B DATE OF BIRTH 1. OLDER 17EAR F UNDER 17EAR F UNDER 24 MR (last birthday) 1. OLDER 17EAR F UNDER 24 MR (last birthday) 1. OLDER 17EAR F UNDER 24 MR (last birthday) 1. OLDER 17EAR F UNDER 17EAR F UNDER 24 MR (last birthday) 1. OLDER 17EAR F UNDER 17EAR F UNDER 24 MR (last birthday) 1. OLDER 17EAR F UNDER 17EAR	3.	NAME OF DECEASED	- A	rst /				4. DATE	Mon	ith	Doy 1	fear
WIDOWED DIVORCED 7-15-96 6/ yr. Months Days Hours Min 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) UKrane 12. CITIZEN OF WHAT COUNTY USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ARITH AND DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO 17 INFORMANT Address 18 CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) 3 YOU Cle a grain (CAYCLING) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOSOF FERFORMED OR CONTRIBUTING [CAUSE OF DEATH [IF IT IN IN IN IN IT IN INTERVAL BETWEEN ONE IN IT IN I									1			
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13 FATHER'S THAME JAVUL PITAS 14 MOTHER'S MAIDEN NAME Akilina Kahalicka 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Vest to as unknown) NO 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate course (a), stoting the under lying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20. CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20. CONTRIBUTING CAUSE OF DEATH OR WINJURY OCCURRED OR WORK OR W	100	during most of work	N (Give kind af work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUST			untry}			COUNT
Sauva Plitas Akilina Kahalnicka 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yell no or unhamoun) (If yes, give wor or dolate of terrice) O78-26-1197 Hospital Records, Mt. Wilson State Hospital INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a), stoling the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERTYING 10 CAUSE OF DEATH HOUR O. M. 19 Of work 10 to work 12 One PLACE OF INJURY (Home, form, 1201. (City or town) (Stole bidg., etc.)) (County) (Stole bidg., etc.)	<u></u>		422								517	
Total or an unknown) (if yes, give war or date of terrice) 0.78-26-1197 Hospital Records, Mt. Wilson State Hospital	13	<	01:1				14 MOTHER'S MAIDEN					
Total or an unknown) (if yes, give war or date of terrice) 0.78-26-1197 Hospital Records, Mt. Wilson State Hospital	_			>			Akilin	a K	ahalr	ricka	-	
The course of Death (Enter only one course per line for (a), (b), and (c)				ervice)	- 4				Addi	ress		
PART I. DEATH WAS CAUSED BY: Care Manager Bronch of the course of		No		[0]	18-26-1177	Ho	spital Recor	ds, Mt.	Wilson	State I	Hospit	al
DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under lying couse lost. Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO [] OR CONTRIBUTING COUNTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH OF INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH OWN INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18) ON CONTRIBUTING CAUSE OF DEATH OWN INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18) ON CONTRIBUTING CAUSE OF DEATH OWN INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18) ON CONTRIBUTING CAUSE OF DEATH OWN INJURY OCCURRED. (Enter nature of injury in Part II or Part				ouse per li			_					
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gove rise to immediate couse (a), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING COURT WAS UNDERRYING CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTION CONTRIBUTION COURTED CONTRIBUTION COURTED (Inter noture of injury in Part II or Part II of item 18) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Stote factory, street, office bldg., etc.) (City or town) (Stote factory, street, office bldg., etc.)		164.1	DUE TO	>	/			·	(•	
Couse (a), stoting the under DUE TO lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? VES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTING COUNTRIBUTION COUNTR	Į.)(
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [] 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While of work [] 19 WAS AUTOPSY PERFORMED? YES NO [] 200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) (County) (Stoke of bldg., etc.)		couse (o), stoting)								
PERFORMED? YES NO [] 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work [] 19	7) ()		T4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	. [20 11/40	1.4T-0.D014
20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part II or Part II of item 18] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of	É	PART II. OTH	. ^			11 /	1 .	NINAL DISEASE	CONDITION GIV	EN IN PART (0)	PERFO	RMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m., Dr. m. 19 of work o	100	20- ACCIDENT WA	+ PHPUM	130h DES	TOWAS		/ / 1 -	Post I as Bast	II of item 19 1		YES	NO [
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m., p. m. 19 of work of work 19 o	ERT	OR CONTRIBUTING	CAUSE OF DEATH	200. 003	CRIBE HOW HOUSEL OF	"CORRED.	tentar notore or injury in	ruii i ur ruii	ir or new to j			
				20d H	THIRV OCCURRED	20- PLAC	E OS INIBIDY /Mome for	- 201 ACTS	t1	10		164-1
	lä		Modili, Doy, Te	While	Not while	facto	ry, street, office bldg., el	c.)	or Iownj	[Couni	[7]	(21010
21.1 cartify that I attended the deceased from 18 Hall 1958, to 29 Hazz 1958 that I lost saw the decease	₹		17			./		1	4 -			
		21. I cortify th	at I attended the									
alive on 36 April , 1958, and that death occurred at 530 AM, from the causes and on the date stated about		alive on&	6 April	, 19	50, and that	death (occurred at 2 300					
ADDRESS (Street, city or town, stote) DATE SIGN ACTUAL ACTU		ACTUAL 201	01.	1.			364 17:3 -	•		stote)	DA 31 i	TE SIGN
SIGNATURE William Mincome M.D. Mt. Wilson, Maryland 4/27/		SIGNATURE //	wen 1	LIN	mu	M	D. Mt. Wils	on, Mai	cyla no		7./.	27/
PHYSICIAN'S NAME (Type) William Newcomer. M.D. Superintendent		PHYSICIAN'S	77 dam Warra		M D		Suparin	tondon				
	22.					7-04-00		**				
220 BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stote)	1226	GEMOVAL (Specify)		Jr.	CONSISTORY	UKK	th that	E" ti	0 / 12	4.1	- '	,
BURNAL DIRECTOR'S SIGNATURE, ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE/	22		1 0			Dev C						.500
Thilip E. Crach 2716 E. Monument St. DATE APR 3 0 '58 Cliffeauch	13	Philip F	1	2716	P 3	ant	CL			I Lesu	en	/

the hospital or attending physician.

R. After this certificate has been signed by the attending physician and campletely filled in by the cheed for use as the burial-transit, estimate. They please remove carbon papers. Pages 1 and 2 shourial, crematian, ar removal, and fin any extention in this 72 hours after death. croched for use as the burial-transit, to burial, cremation, ar remayal, and TO HUSPITAL OR ETTENDING PRYDICIAN: The law may be retained by TO FUNERAL DIREC page 3 should be the registror prior

neral director, ald be filed with

■■vi that the death certificate executed within 24 hours ofter de≡th Page

BUREAU N. E.

838: CJ 99A

DECENCE

45%

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4344

CERTIFICATE OF DEATH

Rea. Dist. No.

04327

1. PLACE OF DEATH D. COUNTY Balt:	imore		MARYLAN	n STATE		sed lived If institution b. COUNTY	n: Residence	before adm	ission)	
	f outside corporate limi	ls, write	c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL on					re nearest to	wn] 🦸	
RURAL and give ne	Howard		112 Days Baltimore 37					4	,	
d NAME OF HOSPIT	'AL (If not in hospital, g	ive street		d. STREET ADDE					ESIDENCE	
or institution Vete:	rans Admini	stra	tion Hospital	1,606	Maine A	TON110			A FARM?	
3. NAME OF	Fir		Middle	last	4. DATE				Year	
DECEASED (Type or print)	LEN	A	В.	PRICE	OF DEA1		19	0ο _γ	1958	
5. SEX		7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UNI	4	
Female	White	WIDOWI	ED 🔲 DIVORCED 🗀	December	12,1882	75 ym.	Months U	lays Hours	s Min,	
during most of work Registered	ON (Give kind of work of grid life, even if refired NUISE		KIND OF BUSINESS OR IN Hospital	_		Maryland		S. A.	AT COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MA				PA 4 7 1 8		
James Pric	e			Mary Bra	dshaw					
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	CODITION	Addre	ess			
Yes no or unknown) Yes	Ill yes are wor or dates of a	N.Ance]		Clin.Rec.,V	et.Adm.	Hospital,F	t.Howa	ard, M	d.	
PART I. DEA	TH [Enter only one co TH WAS CAUSED BY. IMMEDIATE CAUSE (o		ne for (0), (b), and (c).]	L BITATERAT				ONSET AN	D DEATH	
4.60	4.6 3 A							UNKNOWN		
	Conditions, if ony, which) (b) (b) (c) (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C								OMVMOMM	
gove rise to it cause (a), stating										
lying couse lost.	(c)								
1. PAU II OTH	rticulosis,	SITICAL.	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE intestines.	TERMINAL DISE.	emia, Node	rate	PERF	S AUTOPSY FORMED?	
1. PART II OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Enter nature of in	ury in Port I or P	art () of item 18.)				
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	20d. ft While of work	Not while	PLACE OF INJURY (Hom factory, street, office bld		ity or tawn)	{Co	unty)	(State)	
21. I certify th	otal attended the	decens	ed from Decembe	n 20 19 57 h	a April	77 10 KB	BANK 1714	af Variatives	A MANAGER	
MINAXOKXXXX			XXXX and that dec		:30AM, fr	am the causes a	nd on the	date sta	ted above	
ACTUAL (1/1	2.	tech			(Street, city or town, s		1	DATE SIGNED	
SIGNATURE	with a	6	Jan	M.D. VAH, E	ORT HOWE	BD, MARYIL	IND		11/58.	
PHYSICIAN'S NAME (Type)	HIEN WEI L	an, N	L.D.		v 44-5 * v 40			.,		
220. BURIAL, CREMATIO	N. 225 DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town, o	r county)	(St	ote)	
REMOVAL (Specify)	4-14-5	8	Baltimore M	ational Come			Marvl		·	
23. FUNERAL DIRECTOR'	S SIGNATURE		ADDRESS		nameday no	STRAN 245 PEOIS	TPAR'S SIGN	T. Declining and the last of t		
Henry W. Je	nking e Sa	10.0	Balto Md	AVO	TE APR 1 5	20 000	J- XOUL	~ 1		

VS A1S (4) 15M 10/57

SUMERN V. S.

8261 31 84V



VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4345

CERTIFICATE OF DEATH

04	328

		0 4 0	9=1/(1)1			-		Reg. Dist. N	o.	
1. PLACE OF DEATH 6. COUNTY	timore		MARYLA	ND	2. USUAL RESIDENCE (W) o STATE Md.	here deceased	lived. If institute b. COUNTY	75 -	fare admiss	ion)
	f outside corparate lim	ts, write	c. LENGTH OF STAY IN	16	c CITY OR TOWN (IF o		ote limits, write R	URAL and give r	earest town	1)
d. NAME OF HOSPIT OR INSTITUTION 620	AL (If not in hospital, of Windsor	ive street Mill	oddress) Rd •		d STREET ADDRESS 6205 V	Windsor	Mill R	d.		FARM?
3. NAME OF DECEASED (Type or print)	FRA	st	Middle		lost RAU	4, DATE OF DEATH	Mon	oril h.	,	Yeor 19 58
s. sex male	6. COLOR OR RACE	7. MARR	NEVER MARRIED	_	8. DATE OF BIRTH		9, AGE (In years lost birthday) 70 yrs.	Months Day		ER 24 HRS Min
100. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b			Aug. 22. 1881 STRY 11. BIRTHPLACE (SIGNAL	or foreign co		12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME		14.0	Tool Deligor	C1	14 MOTHER'S MAIDEN	NAME			· · · · · · · · · · · · · · · · · · ·	-
Henry Rat 15. WAS DECEASED EVE (Yes. no or unknown)			SOCIAL SECURITY NO	17. II	Mary Becke	r	Add	ress		_
no				Mr	s. Edith Rau	- 6205	Windso:	r Mill F	?d.	
SAT CAT	the under-) AG			NOT RELATED TO THE TERMI			'EN IN PART I(o)	PERFO	AUTOPSY DRMED?
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER									
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While of work	Not while	Ne. PL/ fac	ACE OF INJURY (Home, form lory, street, office bldg., etc	n, 20F (City	or lown)	(Count	y)	(State)
21. I certify the alive on	at I attended the	deceas _, 191	£24	eath	occurred at 10 55					
PHYSICIAN'S NAME (Type)	4					*	<u></u>	*		
220. BURIAL, CREMATIO REMOVAL (Specify) HUT1al	4/7/58) }	ZZC. NAME OF CEMETE		Cem.	W	on (City, fewn, o	Md.	(State	*}
23. FUNERAL DIRECTOR	S SIGNATURE	ur	ADDRESS THE S	B	CLETO 1 DATE OR	D BY REGISTR	AR 246. REOT	STRAR'S SIGNAT	URE	
V					una "					

DIAMINE

2 .V UARNUB

VS A15 (4) 15M 10/57 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4346 CERTIFICATE OF DEATH

Rea, Dist. No.

04329

1		-							Reg. Dist.	No.	
	PLACE OF DEATH	Raltimore		MARYLAN	11 0	SUAL RESIDENCE (W		d lived If institute			
	h CITY OR TOWN	If outside corporate limits,				Maryl.				timor	
	RURAL and give r	earest fown)	, WINE I	c. LENGTH OF STAY IN 1	٥	. CITY OR TOWN (IF			JRAL and give	negrest faw	n)
-		oper Falls TAt (If not in hospital, give		45 yrs.	X		Falls	3			
	OR INSTITUTION				/	J. STREET ADDRESS	7 2	3.5 D.3			FARM?
		Frankling	rille	Ra.		rrank	Tinvi.	lle Rd.		YES K	NO 🗆
	3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mani	h	Day	Year
	(Type or print)		lian	V.		ynolds	DEATH	4.1	oril		1958
-	5. SEX	6. COLOR OR RACE	MARRIE	D NEVER MARRIED	-	TE OF BIRTH		9. AGE (In years lost birthday)	Months Do		ER 24 HRS.
١	Female	117777 A C	NIDOWED		Aug	g. 14, 188	8	69 yrs.		ys Hours	Potter
- 1	10a USUAL OCCUPATI during most of wor	ON (Give kind of work do king life, even if ratired)	ne 10b. Ki	IND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (Stote	or foreign c	country)	12. CITIZE	N OF WHAT	COUNTR
	House			At Home		Harford	Co.	Md.		U.S.A	•
	13. FATHER'S NAME				14.	MOTHER'S MAIDEN I	NAME				
1			Hess			Jenni	e E.	Price			
	15. WAS DECEASED EV	R IN U. S. ARMED FORCE	ES? 16. SC	OCIAL SECURITY NO. 17	, INFORJ	THAN		Addr	e13		
-	No			None	Will:	iam A. Rey	nolds	Upper	Falls,	Md.	
		ATH [Enter only one cous	e per line	for (a), (b), and (c)]					U	INTERVAL BE	TWEEN
	PART I DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)_		=NAN	17	10 N				ONSE AND	2103
Λl	, X	DUE TO	n				17				4 4
)	Conditions, if a		_(_	ARCI	NC	MA	1219	EAS	5/	6	45
1	gove rise to couse (o), stoting	mmediate {								0	
	lying couse lost.	(c)_						<u></u>		_	
1	PART II OT	HER SIGNIFICANT CONDI	TIONS CO	INTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERM	INAL DISEAS	ECONDITION GIVE	EN IN PART 1(o) 19 WAS	AUTOPSY RMED?
	3 (1)/1	ALDE	105	15 - Chi	1	0/3/01	0 +1/	11/1-1.	2	YES [NO T
	Page 11 OT 20g ACCIDENT W OR CONTRIBUTING (IF BITHER, NOTIFY	AS UNDERLYING DE CAUSE OF DEATH	Ob. DESCR	BE HOW MITH & OCCUR	RPID. (Ent	er noture of injury in	Part 1 or Por	fil of item 18)			
		MEDICAL EXAMINER)	C.1	10 EQUI	U10	1215					
- [20c. TIME OF INJUI	RY Month, Doy, Year			PLACE O	F INJURY (Home, form	20f (City	y or town)	(Cour	nty}	(Slote)
ı	Hour o.m.	19	While of work [Not while of work	ideloty, s	meer, orner brog., arc	1				
	21. I certify the	of Lattended the d	lecenses	1 ftom 442 "	7 .	10 41/10 2	112	1 105	that I last	t cour the	dasana
	alive and	120	io.	and that dea	th occ	17 21	172	/			
		D. d.D. 0	1	The state of the s	AIII GCC	inted digital and the		If the causes a treet, city-or town, s			ed dbov Atë signi
	ACTUAL CASCOR AS SUCCESSION FORK ND										
-		11/201	7		E'M.U.	/ - <		-4-2-3		-t-g	
-	PHYSICIAN'S NAME (Type)	6 66-1	FI	一つドリ	F	1-111	050	N			
-	220. BURIAL, CREMATIC		T	22c. NAME OF CEMETERY	OR CREA	WATORY	226. LOCA	TION (City, Jawn, o	r county)	(Stot	el
	REMOVAL (Specify)		58	Mountain C				tain Rd.		` .	
	23. FUNERAL DIRECTOR			ADDRESS	4		PAR REGIST		TRAR'S SIGNA		
1	Essalin C	Tuneral A	me	7401 Bek	ni.	PAL DATE	MI D	30 m	n-lâul	/in	



	20.	21 CERTIFICA	ALE OF DEATH	Reg. D	ist. No.
	1, PLACE OF DEATH COUNTY Balt: more	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Md .	re deceased lived. If institution i Reside b. COUNTY	Bal timor
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF OU	tside corporate limits, write RURAL and	give nearest Iown)
	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Shody Nook Nursing		934 St. Agn	es Lane	IS RESIDENCE ON A FARM? YES T NO T
	3. NAME OF First DECRASED (Type or print) ELIZABETE	Middle		4. DATE Month Of DEATH April	Day Year 21, 1958
	5. SEX 6. COLOR OR RACE 7. MARRI	NED NEVER MARRIED	B DATE OF BIRTH Sept. 21, 188	9. AGE (In years IF UNDE lost birthday) Months	R 1 YEAR IF UNDER 24 HRS Doys Hours Min
	remale white widows 10a. USUAL OCCUPATION [Give kind of work done 10b. 1 during most of working life, even if relired) Housewife (rtd)			£ 6a	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Jacob Maiers		Barbar	'a =	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no or unknown] [If yes, give war or dates of service]		n formant r. John J. Ric	e - 934 St. Agnes	Lane, Balto.7
	PART 1. DEATH WAS CAUSED BY. 1443 X Conditions, if ony, which gove rise to immediate couse (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	scular des		ONSET AND BEATH A GALP A GALP PRESCRIPTION OF THE PROPERTY	
		Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
	21. I certify that I attended the decease alive an 20 Gy in 19 5 ACTUAL SIGNATURE MILL IX JAPEN	38, and theil death		M, from the causes and an oppress (Street, city or town, state)	last saw the deceased the date stated above. DATE SIGNED 2/ April 5
	PHYSICIAN'S EMIL H HEN	NIBC Jam	D Baltes	in 29 Mid	nin and nin all nin all nin any nin any nin any nin any nin any nin and nin any nin any nin any nin any nin any
	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	Zec. NAME OF CEMETERY OF	R CREMATORY	nd. LOCATION (City, town, or county) Baltimore, Md.	(Stote)
	23 FUNERAL DIRECTORS SIGNATURE	LOUIS BU	The 17 DATE APE	BY REGISTRAR 245 REGISTRAR'S'S	IGNATORE ULL
ľ			Mis		**************************************

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be relatived by the haspital at attending physician.

TO FUNERAL DIRECT. At After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 3 should be relacited for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be with VS A15 (4) 15M 9/55

may be retained by the haspital ar attending physician.

S. FUNERAL DIRECTORY After this certificate has been signed by the attending physician and completely filled in by the page 3 should be veloched for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 sho the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.



OF What was

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 4348 CERTIFICATE OF DEATH Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) **b. COUNTY** BATITIMORE MARYLAND ARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] BALTIMORE HOWARD 52 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OAKLEIGH YES | NO KOK VETERANS ADMINISTRATION HOSPITAL First 4. DATE Middle Lost Month Year OF HERBERT RILEY DEATH 9 APRIL 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (in years last birthday) B DATE OF BIRTH Months Dovs Hours WIDOWED [7] DIVORCED [WH TT'F 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) STEEL U.S.A. BALTIMORE MARYLAND BOTT-ERMAKER 14. MOTHER'S MAIDEN NAME EBEN RILEY ELIZABETH WEBER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address III yes, give war or dates of service) 215-07-4728 MARYLAND CLIN REC ADM HOSP FT HOWARD CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY CARCINOMATOSIS 6 MONTHS IMMEDIATE CAUSE (o) DUE TO CARCINOMA TEET LING 6 MONTHS Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the under-Iving couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? LAENNEC'S CIRRHOSIS YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d, INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of wark of work p. m. 21. I certify that Wattended the deceased from January 17, 1958, to April 9, 1958, that the deceased from January 17, 1958, to April 9, 1958, that the deceased from January 17, 1958, to April 9, 1958, that the deceased from January 17, 1958, to April 9, 1958, the deceased from January 17, 1958, to April 9, 1958, the deceased from January 17, 1958, to April 9, 1958, the deceased from January 17, 1958, to April 9, 1958, the deceased from January 17, 1958, to April 9, 1958, the deceased from January 17, 1958, to April 9, 1958, the deceased from January 17, 1958, to April 1958, the deceased from January 17, 1958, to April 1958, the deceased from January 17, 1958, to April 1958, the deceased from January 17, 1958, to April 1958, the deceased from January 17, 1958, to April 1958, the deceased from January 17, 1958, to April 1958, the deceased from January DEEX 18-15-15-15 and that death accurred at 1: 30 DM, from the causes and on the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED 1-9-58 VAH FORT HOWARD VAH FORT HOWARD MARYLAND M.P. JASPER L VAN 22b. DATE THEREOF 220 BURIAL, CREMAT ON, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOYAL (Specify) PARK CEMETERY BATTIMORE MARYLAND

24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

TO LO complet popers. death. puo pou ofter, gned ž 03 Poge Ó VS A15 (4) 15M 10/S7

director, iled with

filed

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o. COUNTY

NAME OF

DECEASED

MATE

5 SEX

(Type or print)

13. FATHER'S NAME

(Yes no or unknown)

16.5X

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

23. FUNERAL DIRECTOR'S SIGNATURE

Truman Schwab Funeral Home

Frederick Road Baltimore 29 Md

ADDRESS

2 .V UALAUS

DRANGOLAI DRANGOLAI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04332 CERTIFICATE OF DEATH 4349 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY o. STATE filed **b.** COUNTY MARYLAND Baltimore Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Reisterstown 30 years Reisterstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 448 Main Street Luc Main Street CV ģ YES NO Puo ç NAME OF First Middle 4. DATE Lost Month Day Year DECEASED 1958 (Type or print) Russell H. DEATH April Robertson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. DIVORCED | Male White WIDOWED | 1,0 October 20 yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most af working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? Biller USA Marvland ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Max L. Robertson Martha Ellen Dunkle IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address ending 118 Main Street Mrs. Helen B. Robertson Nο 18. CAUSE OF DEATH {Enter only one cause per line for (o), (b), and (c).} INTERVAL SETWEEN ONSET AND DEATH ۵ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DATE ģ permit. Canditians, if any, which gny Bued gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. puo physicion burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO DE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 20c. TIME OF INJURY , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month Day. Year 20d. INJURY OCCURRED [County] (Stote) foctory, street, office-bldg., etc.) Hour D. [1. While Not while ot work at work D. m. 21. I certify that I attended the deceased fram. that I last saw the deceased alive an and that death accurred M. from the causes and on the date stated above. DIRECT 2 prior MEMATURE should PHYSICIAN'S NAME (Type) FUNER, 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME-OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (State) REMOVAL (Specify) Burial Saints 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 1 0 '58 VS A15 (4) 15M 9/55 Burgee Funeral Home 3631 Falls Road

Horace Y. Dwg. e. Baltimore

offer

certificate

death

APR IC C

h.

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4279 CERTIFICATE OF DEATH

Reg. Dist. No.

04333

	keg. Dist	, 140.
I. PLACE OF DEATH O. COUNTY BRETO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence a. STATE Md. b. COUNTY Balt	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) APOULUS	c. CITY OR TOWN (If autside corporate timits, write RURAL and gives of the corporate timits.	ve nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4200 Hooper Ave.	d. STREET ADDRESS 4200 Hooper Ave.	e IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Ella Gertrude Remans	Lost 4. DATE OF APP 11	17 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS Poys Hours Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	STRY 11 BIRTHPLACE (State or foreign country) Balto.	EN OF WHAT COUNTR'
Frederick W. Niehoff	14 MOTHER'S MAIDEN NAME	
	Mary E. Yeung	
IVes no or unknown) . Iff was own over or deter of several		per Ave.
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) January	y both feet	INTERVAL BETWEEN ONSET AND DEATH 2 Months.
Conditions, if any, which) (b) Culture	elowsis	7
gave rise to immediate cause (a), stating the under- lying cause last. DUE TO Lisabelts	mullitus	> '
PANT 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING OR CONTRIBUTING	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D (Enter nature of injury in Part 1 ar Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to face the state of work to the state of the state o	ACE OF INJURY (Hame, form, 201. (City or town) (Cactary, street, affice bldg., etc.)	uniy) (State)
21. I certify that I attended the deceased from January	uy, 1958, to Cyril 17, 1958, that I lo	ist saw the decease
	occurred at 10130 M, from the causes and an the	date stated abov
ACTUAL DEMOS Laughlin	M.D. 4508 Educ only or town, state)	Dage 4/7/
NAME (Type) D. C. McLaughlin	- THE LOW OF THE STREET AND THE STRE	0 '
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 4-21-58 Leuden Pa	R CREMATORY 22d. LOCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 RICHTEN REGISTAR 266 REGISTRAR'S SIGN	NATURE
Heward H. Hubbard 4107 Wilke		

Bridern V. S.

C301 01 39A



		3000	CERTIFICA	TIE OF BEATT	Reg. Dist.	No.
	1. [o. COUNTY Balternore	MARYLAND	2. USUAL RESIDENCE (Where, deceased live of STATE	red If institution, Residence b b. COUNTY	before admission)
M	1	CALOUND CO	INGTH OF STAY IN 16	c. CVN OR TOWN (If outside corporate		nearest town)
90		d. NAME OF HOSPITAL III and in hospital, give street addsoor INSTITUTION HOUSE IN T	NES	2637 Losfola /	Morthway	e. IS RES DENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Middle	TUBIN 4. DATE OF DEATH	April A	Doy Year 29 1956
		SEX 6. COLOR OR RACE 7. MARRIED WIDOWED W	DIVORCED 🗌		AGE (In years IF UNDER 1 Y lost birthedy) Months Da	
I)	100	USUAL OCCUPATION (Give kind of work done 10b. KIND dyring most of working life, even of retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign coun	(y) 12 CITIZE	OF WHAT COUNT
	13	het Knoein		14. MOTHER'S MAIDEN NAME		
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI/	AL SECURITY NO. 17.	amuel Lelber	Address	
		260 X DUE TO	1- 0	rondry Ocelusion		INTERVAL BETWEEN ONSET AND DEATH
	z	Conditions, if any, which gove rise to immediate cause (o), sloting the under-lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTE	idbetes	Mellitus		10 MAC AUTON
J	CATIO	Hypertensive Cardiove	isevier Di	Sedsc		PERFORMED?
	L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I or Part II		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. 19 While at work	OCCURRED 20e. PL Nat while at work	ACE OF INJURY (Home, form, 20f. (City or clory, street, office bldg., etc.)	town) (Cour	nty] (Stat
		21. I certify that I attended the deceased fralive on ADAL 124 1955		accurred at 10:30 PM, from the ADDRESS (Street	ne causes and an the city or town, stote)	date stated abo
1		PHYSICIAN'S SAMUEL VIT	TOMPAKO	V, M.D.		
	220	REMOVAL (Specify) 4-30-58	NAME OF CEMETERY O	R CREMATORY 22d. LOCATION	ACity, tawn, ar county)	Md (Stole)
	23.	FUNERAL DIRECTOR'S SIGNATURE SELL CLOSES SIGNATURE 2100	Eutaw.	PAREC'D BY REGISTRAF DATEAY 1 '58	24b. REGISTRAR'S SIGNA	ATURE /

death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often may be retained by M.C. haspital or ottending physician.

TO FUNERAL DIRECT After this certificate has been signed by the ottending physician and campletely filled in by the mana? Should be detected for use as the burief strangis parmit. Then places performent and campletely filled in by the mana? Auspital or ottending physician.

After this certificate has been signed by the ottending physician and campletely filled in by the VS A15 (15M 10/



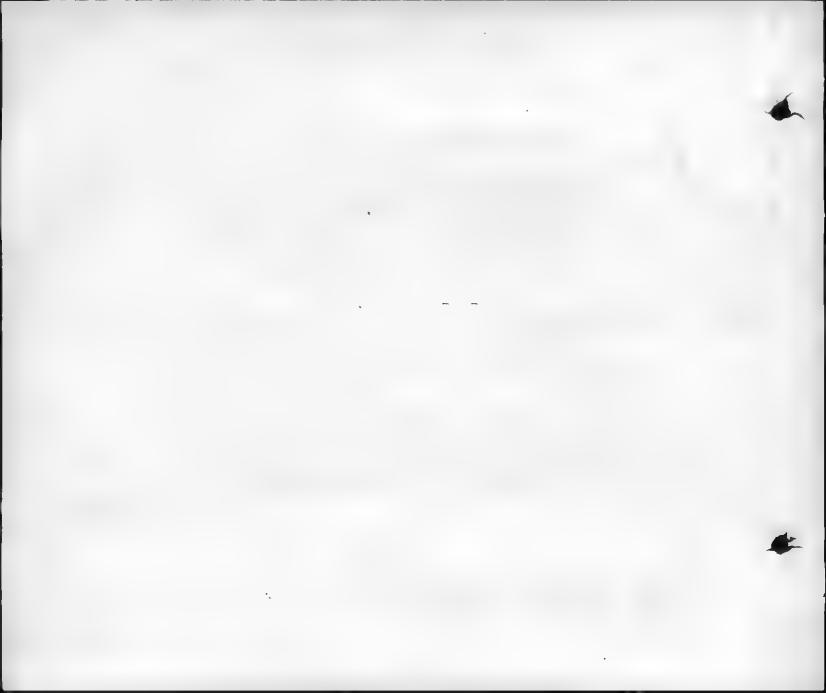
4351 CERTIFICATE OF DEATH

()4335

1001			Keg. Dis	T. NO.				
1. PLACE OF DEATH Baltimore	MARYLAND 2. USU	AL RESIDENCE (Where deceased IATE Maryland	/ b. COUNTY /) /	e before admission) timore				
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	TH OF STAY IN 16 c. C	ITY OR TOWN (If outside corpor GLen Arm	_					
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Northwind Ro		TREET ADDRESS	thwind Road	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) Mz. John 5. SEX 16. COLOR OR RACE 17. MARRIED TO NU	Middle Edward	Sachs 4. DATE OF DEATH	Month Apri	1 30 this 58				
male white WIDOWED	DIVORCED DU Jul	49, 1880	lost birthdoy) Months (YEAR IF UNDER 24 HRS Days Hours Min.				
10c. JSUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life, even if refired). Retired Black mith		Baltimore,	Maruland	USA				
Theodore Sachs	14, MC	DITHER'S MAIDEN NAME Lizabeth You	no.					
15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SE [If yes, give wor or dates of service] 2.7.2 m 0.7	7-9304 Mr.		Address	ame				
18 CAUSE OF DEATH [Enter only one couse per l'ne for (a). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH							
Conditions, if ony, which gave rise to immediate couse [a], stating the under-lying couse lost.	ralized)	netostasis		1 kgr.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 200. ACC. DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19 WAS AJTOPSY PERFORMED? YES NO				
	V INJURY OCCURRED (Enter	noture of injury in Port 1 or Port	II of item 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC While Not of wark of wark	while factory, stre	NJURY (Home, farm, 20f. (City et, office bldg , etc.)	or town) (Co	ounty) (State)				
21. I certify that I attended the deceased from alive an 19.58	040 7							
9,77	ACTUAL DESTRUCTION OF A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
PHYSICIAN'S Nathan Lla	may	Baltimore, M	laryland	*				
270. BURIAL, CREMATION, 276. DATE THEREOF 22c NAI REMOVAL (Specify) 5/3/58	ME OF CEMETERY OR CREMA	teru Ba	ION (City, town, or county) Limore, Ma	(Store)				
	Person Road #1	240. REC'D BY REGISTR						

M TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death may be retained by the complete this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be delached far use as the burial-transit permit. Then mease remove carbon papers. Pages 1 and 2 should be the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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Rea. Dist. No.

HOSPITAL

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1. PLACE OF DEATH

2, USUAL RESIDENCE (Where deceased lived, If institution) Residence before admission) o. COUNTY b. COUNTY MARYLAND c. CITY BE TOWN b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 f outside corporate fimits, write RURAL and give nearest town) RURAD and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 1 NAME OF 4. DATE First Middle Month Dos Year DECEASED DEATH (Type or print) 19 9. AGE (In yours last biethday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Doys Hours DIVORCED T WIDOWED -USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? 10a (Stole or bereign country) during most of working life, even if retired) 13. FATHER' NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give mor Central ave. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (k) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port It of item 18.) 20e. PLACE OF INJURY IHome, form, 20c, TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while al work ot work 21. I certify that I attended the deceased from 19_J_D, that I last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d LOCATION (City (Stote) PEMOVAL (Specify) 0 ADDRESS 246 REGISTRAR'S SIGNATURE Oo. REC'D BY REGISTRAR VS A15 (4) DATE 15M 9/55

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DECENTER.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4353 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **6. COUNTY** MARYLAND MARYLAND ALTIMOR b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) PLIPAL and give negrest town 20 DAYS BALTIMORE COCKEYSULLE d. NAME OF HOSP TAL (If not in hospital, give street address)
OR INSTITUTION A STREET ADDRESS ON A FARM? 349 YALF SONIC HOME YES NO T 3 NAME OF First Middle 4. DATE Year CATHERINE (Type or priet) 58 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months WIDOWED DIVORCED [7] 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if refired) MARYLAND 14. MOTHER'S MAIDEN NAME UNKNOWN IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. NZ 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (d) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying souse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLY. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Year (County) (State) factory, street, office bldg . etc.) o. f). While Not while at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 4:35 A M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial Loudon Park Cem. Baltimore. Maryland 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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1 //	I	tems 18-21	Film MEDI	ID STATE DEPARTA			1	04338
FOR STATE			MILDI		- 1/22/53 - 0	mb		, Dist. No.
HEALTH DEPT.	1	PLACE OF DEATH	4354	MARYLAN	o STATE Money	(Where deceased live		esidence before odm'ss on) Saltimore "11eg.
Se	, -	b. CITY OR TOWN	aulside corporate fimils, write RUR	at c. LENGTH OF STAY IN	Ib c. CITY OR TOWN	(If outside corporate	I mits, write RURAL	and give nearest town)
Se TA	4	and give nearest lown			Ourfor	age Mills	Midland	1111
5 - E			AL OR INSTITUTION HE not	In hospital, give street address)	d. STREET ADDRESS			e IS RESIDEE
is new real d			State Traini		Ph1	urch St.	e Praini	Sob VES NO
fune foin stoti	3.	NAME OF DECEASED	First	Middle	Lost	4 DATE OF	Month	Doy Yeor
g e e e		(Type or print)	RAYMO	ND EDWARD	SCHURG	DEATH	April	11 19 58
To T	5.	SEX	6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AG	h and he to	DER TYEAR IF UNDER 24 HES
mo mo		Male	White W	DOWED DIVORCED	7/20/1937	20		hs Days Hours Min.
2. ond 2. ond 2.	10	o USUAL OCCUPATION during most of working	DN (Give kind of work done to life, even if retired) T Worked	106 KIND OF BUSINESS OF IND		Maryland		CHIZEN OF WHAT COUNTRY?
看一点	1	3. FATHER'S NAME	1 11011100	<u> </u>	14 MOTHER'S MAIDEN			
PAK		Raymond S	churo		Virginia H	Hunt.		
ere p		5. WAS DECEASED EV	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO T	7. INFORMANT	110110	Address	
7.55 E	6	(es, no, es unknown)	(If yes, give war ar dates of service	0	Eichorn Fun	eral Home	Lonacon	ing. Md.
11年20年11日		THE CALME OF DEA	TH [Enter only one couse p	er line for (a), (b), 19nd (c),]		4104 TOWA	- morindon	INTERVAL BETWEEN
cuted with them in them, in them, in them, in the month of the month o			TH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO		on due to Ha	nging		ONSET AND DEATH
exe Ccil i		Conditions, if a						
Parial District		gave rise to imme	diote couse	-				
Die e	1	(a), stating the	underlying					
ST COM	¥	PART II. OTI	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CON	DIT.ON GIVEN IN	PART I(a) 19. WAS AUTOPSY
ndi- ndi- red ma	Ė			Part of the same o				PERFORMED?
報道の 1	- 10	200. EXTERNAL CA	JSE WAS 206 D	ESCRIBE HOW INJURY OCCURRED	Enter nature of injury in P	ort I or Pari II of iter	n 18.3	<u> </u>
Ser de	J. Games	PRIMARY TO OF CO	NTRIBUTING []	Undetermined				
Door bur			RY Month, Doy, Year		PLACE OF INJURY (Home, fo	Em. (20t. (City or to)	vn)	(County) (State)
# # C & C	200000	Hour o, m.	14. 2 / 5 19	While Not while	factory, street, office bldg., e	win s	ills	it it in a . i.
fing the rior	3	*		at work at work .	sound in in	ive Tohor	7	
P of				the remains described o				quiry [], and in my
		opinion death	resulted from: Nat	ural causes [], Accides	nt [], Suicide [],	Hamicide,	Undefermini	ed manner 🔠
U T T H T		ACTUAL	9/1.11/	MARIA				DATE SIGNED
EDI Form Of R		SIGNATURE	Juva /	In the	M.D. CHIEF MEDICAL			1 /20 /20
S sign		EXAMINER'S				ICAL EXAMINER		4/12/58
P to Bigging		NAME (Type)		perin, M.D.	DEPUTY MEDICA			
Show Start	2	20 BURIAL, CREMATIC REMOVAL (Specify	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION	City, town, or cour	nly) (Stote)
0 5 4 0 9		Burial	4/14/58		ark Cemetery		burg, Ma	ryland
VS. ATSME		FUNERAL DIRECTO	S. SIGNATURE . 482	The ADDRESS	24a. RE	C'D BY REGISTRAR	246 REGISTRAR	S SIGNATURE
5M 2'57	1	11/4	K	Faltr-17. /	Rd DATE	the 1 5 '58	E SA LLES	Mark 19
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affer death. Page 4

VS A15 (4) 15M 9/55

- Ł	4355 CERTIFICATE OF DEATH	g. Dist. No.
1	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased fived, If institution R b. COUNTY b. COUNTY	2.14
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street godgress) OR INSTITUTION CYS (Miller) OR INSTITUTION CYS (Miller)	o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Start Ann Scitz DEATH Ann Scitz	Day Year 2 1958
	Land to the second of the seco	INDER I YEAR IF UNDER 24 HRS. Initial Days Hours Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, gren if retired) 100 USUAL OCCUPATION (Give kind of work done during most of working life, gren if retired) 100 USUAL OCCUPATION (Give kind of work done done during most of working life, gren if retired) 100 USUAL OCCUPATION (Give kind of work done done during most of working life, gren if retired) 100 USUAL OCCUPATION (Give kind of work done during most of work done during most of working life, gren if retired) 100 USUAL OCCUPATION (Give kind of work done during most of work done during most of working life, gren if retired) 100 USUAL OCCUPATION (Give kind of work done during most of working life, gren if retired) 100 USUAL OCCUPATION (Give kind of work done during most of working life, gren if retired)	2. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME L PULLS W. Dallocherty. Sarah A. Wils	(Oh)
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (C. BOCIAL SECURITY NO. 17. INFORMANY Address (Yes, no of process) (If yes, great wor or dotes of serice)	cland mode.
	Tal. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse [o], slating the under- lying couse lost. [c]	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER] 201. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTIONS C	N PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour e.m. 19 While NoI while of work at work 19 of w	(County) (State)
/	alive on 4-2, 1958, and that death occurred at 4/00 P.M. from the causes and ADDRESS (Street, city or town, stole signature Relies Schartons of M.D. Meller Tixel Romes	a 4/23/58
	PHYSICIAN'S Louis Schatanoff, M.D. New Freedom, York Co. 220 BURIAL CREMATION, 226 DAYE THEREOF 220 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, pr co.) REMOVAL (Specify)	
	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS DE 240. REC'D BY REGISTRAR 240 REGISTRAR DE 24 '58 PRESISTRAR DE 25 PRESISTRAR	R'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04340 4356 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission · countyltimore o. Waryland **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest lown) hl Days Baltimore 2 401-11 d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Veterans Administration Hospital d STREET ADDRESS the . IS RESIDENCE ON A FARM? by 110 North Wolfe Street YES NO K NAME OF Seriser 4. DATE Doy Year WALTER SERTSTS (Type or print) DEATH April 10 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Male Days Colored popers. WIDOWED | DIVORCED | December 25.1885 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Ship Building Indiana 12. CITIZEN OF WHAT COUNTRY Ship Building rban ter de U. S. A. Indiana ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Serisis Fannie Grane 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Clin. Rec., Vet. Adm. Hospital, Ft. Howard, Md. 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and [c] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ONSEL AND DEATH INFARCTION OF MYOCARDIUM 400000 DUE TO CORONARY THROMBOSTS 15 MIN. Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PAM II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELEASE TO THE TERMINAL DISEASE CONTRIBUTIONS TO DEATH BUT NOT RELEASE TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIBUTIONS TO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II of item 18.) 200. ACC DENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II of item 18.) PERFORMED? YES 🗍 NO 🎏 20g. ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY [Home, form, 20f. (City or town) (County) (Stole) factory, street, affice bldg, etc. Hour o.m. Whife Not while at work of wark 21. I certify that attended the deceased from March 5 , 19.58, to April 15 , 19.58 Hink King Kan William States ADDRESS (Street, city or town, state) DATE SIGNED goodel m. mas a DIRECT **ACTUAL** pe M.D. VA HOSPITAL FORT HOWARD, MD. SIGNATURE P FUNERAL I NAME (Type) JOSEPH M. MILLER, M.D. Chief, Surgical Service 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge REMOVAL (Specify) April-18-58 Baltimore National Cem. Burial Baltimore. Maryland O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) APR 2 2 '58 Flroy Wilson Funeral Home, 1000 Brantley Ave 15M 10/57 Baltimore. Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		4351	CERTIFICA	IL OI DEATH	Reg. Dist.	No.
	•	PLACE OF DEATH Baltimore,	MARYLAND	2 USUAL RESIDENCE (Where do. STATE	eceased lived. If institutions Residence b. COUNTY	before admission)
	J.	b CITY OR TOWN (If outside corporate limits, write c. LENG FURAL and give nearest town). d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	5 Oyrs.	d. STREET ADDRESS	corporate limits, write RURAL and give	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) First	Middle S'	naetter	DATE Month 9	Day Yeor 1958
	5. 5	WIDOWED	DIVORCED 🔲	Dec. 7/88	Gut birthday) Months Do	EAR IF UNDER 24 HRS. Hours Min.
\		OUSUAL OCCUPATION (Give kind of work done) 10b. KIND OF during most of working life, even if retired) FATHERS NAME	Home	14 MOTHER'S MAIDEN NAME	Jown, Ta. 12. CITIZE	N OF WHAT COUNTRY?
		Aquilla Edie		Unkn	own.	
		WAS DECE SEDEVER IN U.S. ARMED FORCES? 16 SOCIAL S	SECURITY NO. 17. INF	arkield &	Gacker Uh	te Hall Ma
		18. CAUSE OF DEATH [Enter only one couse per line for (a). PART I. DEATH WAS CAUSED BY [MMEDIATE CAUSE (a)] DUE TO	(b), and (s)) bral T	vanhosis	00	INTERVAL BETWEEN ONSET AND DEATH To work
		Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. (c)				
	CERTIFICATION	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	Resease		DISEASE CONDITION GIVEN IN PART 1	PERFORMED? YES NO F
		200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HO OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER MOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	(Enter nature of injury in Part 6	or Port II of item 18.)	
	MINICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY Ox Hour o. m. While Not p. m. 19 at wark at w	white focto	E OF INJURY (Home, farm, 20 ry, street, office bldg , etc.)	f. (City or Iown) (Cou	nty) (Stole)
		21. 1 certify that I attended the deceased from	1	1956, 10 87	. 9 , 1958, that I las	t saw the deceased
		alive on 1927,	and that death o		, from the causes and an the ESS (Street, city or lown, state)	date stated above. DATE SIGNED
		ACTUAL Jam Fran	er M	o. Far	leton med	4/11/5
1		PHYSICIAN'S Dr. A. M. Fra	nce	Parkl	on, Md.	
	220	BUR AL CREMATION, 27b. DATE THEREOF 22c NJ REMOVAL (Specify) 4/12/57 WE	AME OF CEMETERY OR	CREMATORY CM 22d	hite /7// Me	(State)
	13	FUNERAL DIRECTOR'S SIGNATURE	DAV FIRELD	An DO DATE APR		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the chercal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55

No.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4358 CERTIFICATE OF DEATH 00

04342 Reg. Dist. No.

							Hall min	1, 100,	
1. PLACE o COS	OF DEATH JINTY Balto.	MARYLAND	2 US	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE Md. b. COUNTY Balto.					
	Y OR TOWN (If outside corporate limits, writ AL and give nearest lown)	e c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest tawn)						
	Woodlawn		Woodlawn						
d. NA	ME OF HOSPITAL (If not in hospital, give stri	ret oddress)	9	STREET ADDRESS	,			e. 15 R	ESIDENCE A FARM?
	1708 Hill Drive		17	08 Hill Dr	ive				□ NO □
3. NAME DECEA (Type o	OF First SED or print) I.TU.LIAN	Middle O e	SHAF	Last FER	4. DATE OF DEATH	Man Ap	m ril	Doy 13,	Year 19 58
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF UN	DER 24 HRS.
fem	ale white woo	OWED DIVORCED	Sep	t. 29, 189	5	lost birthdoy) 52 yrs.	Months	Doys Hou	rs Min
10o. USU/	AL OCCUPATION (Give kind of work done 1 g most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDE	USTRY 11	I. BIRTHPLACE (State of	r foreign co	untry)	12. CITI	ZEN OF WH	AT COUNTRY
	Housewife	at home		Nisconsin	1				
13. FATHE			14 8	MOTHER'S MAIDEN NA	AME				
0	Andrew Johnson		An	ına Geschwi	.nd				
15 WAS !	DECEASED EVER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORM	ANT		Add	ress		
	no	none	Mr	J. Lloyd	Shaff	er - 170	8 Hill	l Dr.	
18 (CAUSE OF DEATH (Enter only one cause pe	r line for (a), (b), and (c)]	A .	Λ .				INTERVAL ONSET AN	BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary	Oce	Clepton					Land Lab
1 4	20.1 DUE TO					_			
Cor	iditions, if any, which a this								
	re rise to immediate DUETO								
	g cause last. (c)								
CERTIFICATION ON CO.	PART II. OTHER SIGNIFICANT CONDITION HYDERTURE		Desa	Disease	NAL DISEASE	CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED? NO 🔽
	ACCIDENT WAS UNIVERLYING 206. I ONTRIBUTING 2 CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED (Enle	r nature of injury in Po	ort I ar Part	H of item 18.)			
20c. T	Hour o. m. Wh	£.		INJURY (Home, form, reet, office bldg., etc.)		or lawn)	(C	ounly)	(State)
21.	I certify that I attended the dece	ased from 2-10	/	1955 , to	4-13	1958	that I l	ast saw th	e decease
aliv	e on 3-24	53, and that deat	h occu	rred at 4 P.	M, fram	the causes o	nd on th	e date sta	ated above
	0 0 1 A-1	,				reet, city or Journ,			DATE SIGNE
ACTU	ATURE SOLAT. & Clo	akaj	_M D	401 K	and	w ur)	4.	-14-58
	ICIAN'S JOHN F. S	CHAEFER N	, O.	BALT	0.29	7 Mi),		
220. BURI	AL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREM	ATORY	22d. LOCAT	ION (City, town	or county)	(5)	late)
	Removel 4 15 58	Parson!s	Cen		Pars	ons Vi V	2		
23. FUNE	RAL DIRECTOR'S SIGNATURE	ADDRESS (S)	1 1	240 REC'D	BY REGISTI	RAR 245 REGIS	STRAR'S SIG	MATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often TO FUNERAL DIRECTORS PAGE 3 should be see VS A15 (4) 15M 9/55

may be retained by the haspitat or attending physician.

2 FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be retached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death.

old be filed with

"-Tih. Page

BURIAU V. R.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04343

		00			Reg. Dist. No.
o. COUNTY Bal	timore County	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland	pere deceased lived If institut b. COUNTY	ion Residence before admission)
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, wri earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate fimits, write I	RURAL and give nearest fawn)
Tow			05 Towson 4		
d. NAME OF HOSPI OR INSTITUTION	IAL (If not in hospitol, give str 31 N. Charles	s Street Ave	/ d. STREET ADDRESS / 6131 N.C	harles Street	• IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	lost	4. DATE Mor	/
	Edna	I.	Shannon	2203	
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	
Female		OWED DIVORCED	Dec. 4, 1878	3 79 yrs.	Months Days Hours Min
during most of worl	ON (Give kind of work done) I king life, even if retired)	0b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
			New York	τ	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Arth	ur Small		Eloise Hull	L.	
		16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
(Yes, no. or unknown)	(If yes, give war or dates of service)	W.	R.Stevens, 6	131 N.Charles	Street Ave
18. CAUSE OF DEA	ATH [Enter only one couse pe		X		INTERVAL BETWEEN
	TH WAS CAUSED BY:	0	1 1 1	An n	ONSET AND DEATH
3311X	IMMEDIATE CAUSE (o)	oreco Co	- Cara G		2 Mrs
0047	DUE TO				0
Conditions, if o	ny, which 1				
gave rise to i					
couse (a), stating	the under-				
lying couse lost.) (c)				
5		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. I CAUSE OF DEATH MEDICAL EXAMINER;	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	art 6 or Port II of item 18.)	
ZOC. TIME OF INJUR	Y Month, Day, Year 200	I. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	, [20f. [City or town]	(County) (State)
20c. TIME OF INJUR	WI		octory, street, office bldg., etc.)	(Coonly) (Stole)
21. I certify th	attended the deco	eased from Opinic	2 1958 ta	you 2 2 195	E,that I last saw the deceased
alive on	aguil 22 11		b accurred at 1.35	Pla Com share	and an the date stated above
4.110		Carried and man deam			
ACTUAL SIGNATURE	Elbert S.	Hocher		ADDRESS (Street, city or town,	stote) DATE SIGNET
PHYSICIAN'S NAME (Type)	Albell	J. Shock	latup.	(J
220 BURIAL CREMATIO		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)	4-23-58	Cypress Hill		Brooklyn,	
23. FUNERAL DIRECTOR		ADDRESS			
		1# C+ Day 1 Com		DBY REGISTRAR 246-REGI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after than it. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be defached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burill, cremation, or removal, and in any event within 72 haurs often leath. VS A15 (4) 15M 9/55

DEADER.

2 .V UABLIU!

174	Item 18 C.D. report pard. Department of HEALTH—BALTIMORE, 18
- /K	4360 CERTIFICATE OF DEATH Reg. Dist. No. 04344
director.	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY D. COUNTY
D in	b CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If guitade carporale limits)
A Part of the second se	Fort Howard 9 Days Baltimore 3 V 2 / - 4/
by the	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Veterans Administration Hospital 604 W. Mulberry Street VES NO NO
lled in E	3 NAME OF DECEASED (Type or print) JOHN SINGLETARY DEATH April 21 1958
Page	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS logs birthday) Months Days Hours Min
rs plete	Male Colored WIDOWED DIVORCED April 7, 1893 65 yrs Months Days Hours Min.
com oth,	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY:
puo de	Burner Savage, S. Carolina U. S. A.
affe	William Singletary Unknown
hysic ours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
19 pl	Yes [WW I 218-10-9344 Clin.Rec.Vet.Adm.Hospital,Ft.Howard, Md.
endin Ibin	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
en p	PART I. DEATH WAS CAUSED BY: MILIARY TUBERCULOSIS (Lungs involved) ONSET AND DEATH UNKNOWN
T T Eve	OOUX X DUE TO
ony ony	Canditions, if any, which (b)
ad in be	cause (a), stating the <u>under-</u> Lying cause last.
al-trons	
or remo	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO ST OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
2 6	
emot	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 While Nat while at wark
10 To	21. I certify that oftended the deceased from April 12 , 1958, to April 21, 1958 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ochec burio	AUMINIA MAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
D 0	ACTUAL SIGNATURE Whaham a bolacher M.D. ADDRESS (Street, city or town, stote) DATE SIGNED 1./27/58
RAL DIREC	PHYSICIAN'S A.
<u>യ</u> ന`ത	NAME (Type) ABRAHAM/PSIACHEK M.D. Acting Chief Medical Service
e e e	REMOVAL (Specify) & Share (State)
5	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24 SECTION 1 PROJECTION OF SIGNATURE
1S (4) 10/57	Elroy Wilson Funeral Home 1000 Brantley Ave
	Balto.Md.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4361 CERTIFICATE OF DEATH

Reg. Dist. No. 114345

. PLACE OF DEATH o. COUNTY	DAT TIMODI	[7]	MARY	[]	USUAL RESIDENCE (STATE MARYTAI		d lived. If institution b. COUNTY	oni Residençe	before odm	ission)
BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b					MARYIAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)					
RURAL and give nec	prest town)	s, write		IN ID		_	role limits, write K	OKAL ONG GIVE	e negrest to	wnj
TOWSON YRS				_ TOWSON						
OR INSTITUTION	KL (If not in hospital, gi	ive street	oddress)		d. STREET ADDRESS				ON	A FARM?
2	34 RIDGE				234 RIDG	E AVE.			YES	□ NOXOX.
NAME OF DECEASED	First	il.	Middle		Lost	4. DATE	Mon	ıh	Day	Year
(Type or print)	EDWARD	M	. SLACT	M		DEATH	APRI	L 16.	1958	19
EX	6. COLOR OR RACE	7. MARR	IED ENEVER MARRI	ED B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TY		
male	white	WIDOWE	DIVORCE	O J.	11v 4.18	78	79 7"	Months Do	Dys Hour	s Min
USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (Sto	ofe or foreign co	ountry)	12. CITIZE	N OF WH	AT COUNTRY
team Fitt	er Helber	n	Steam F	ittin	g Maryl:	and		USA		
FATHER'S NAME	OT HOTPOI		Docair P.	1	MOTHER'S MAIDEN			LODA		
John S	T o o um			[.	Pricilla	???				
	IN U. S. ARMED FORCE	FC2 14	SOCIAL SECURITY NO			111	Addi	- mag		
s, no. or unknown) (!	If yes, give wor or datas of se	EANCE)				-				
10	none		16-10-489		rs Barba	ra Sla	cum 234	Ridg	e Av	e, Tow
	TH [Enter only one cou	use per lir	o for (o), (b), and (c).] ,	n / :	,	1.		INTERVAL ONSET AN	
PART 1, DEAT	H WAS CAUSED BY:	$H_{\mathbf{v}}$	PERTENS	IUC -	1-latering	SCIPA	otic			1735 -
4443X	IMMEDIATE CAUSE (o)	1	Oden Ice	cont	ARTERIOS	0100	_			
	DUE TO	61	+1Kel 10 - 1/17	SCUI	AK PIS	C143C				
Conditions, if on										
couse (a), stating t										
lying couse lost.	(c).									
PART II. OTH	ER SIGNIFICANT COND	OITIONS C	ONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	(o) 19. WA	S AUTOPSY FORMED?
										NO
200. ACCIDENT WAS	S UNDERLYING	20b. DESC	CRIBE HOW INJURY O	CCURRED. (E	nter nature of injury i	in Port I or Port	t If of item 1B)			
	CAUSE OF DEATH									
20c. TIME OF INJURY	Month, Day, Yea		NJURY OCCURRED		OF INJURY (Home, for street, office bldg., of		or town)	(Cou	inly)	(Stote)
p. m.	19	While of work	Not while	,						
21 I soutiful the	at I attended the	d	J 5 C	4-11	. 19 5 5 to	4-	16, 195 8	Alan I Ia	. A	
	I I dilended ine	_ eceas		6	A	1		1,1001 F 105	si saw in	e decease
alive on		-, 192	and that	death ac	curred of			/1		
ACTUAL /	Thone -	Z-/	Ahran		51	ADDRESS (S)	Poet, city or town	4901eV		DATE SIGNE
ACTUAL SIGNATURE	Truly /	U	nonth	M.D.	201	1.7				
PHYSICIAN'S A	HTRONY.	F.C	TAR84%	7A	BA	1) 10	12 m	1d		
1 7 7 7 7 7 7										
RUPLAL CREMATION	22b. DATE THEREO	F	1 22c NAME OF CEM	FTERV OR C	EMATORY	22d 10CA	TION (City town a	or country)	161	otel
REMOVAL (Specify)			22c. NAME OF CEM			22d, LOCA	TION (City, town, o	or county)	(SI	ote)
REMOVAL (Specify) Burial	Anril 19		58 New Ca		ral Cemt	Balt	imore	Maryl	anid.	ote)
Burial FUNERAL DIRECTOR'S	Anril 19				ral Cemt		imore RAR 240 (EG)	Maryl	and	ote)
REMOVAL (Specify)								or county)	(\$I	ote)

may be retained by VS A15 (4) 15M 9/55

EUREAU V. S.

OFATEDEU

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04346 4362 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY a STATE filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL ond give necrest lown) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ÷ YES NO V 3. NAME OF DATE First Middle Last Month Day Year DECEASED **OF** (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? mast of warking tife, even if retired) puoq. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 physician hours s WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH ዄ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) à Shy Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), sloting the undertying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED Day, Year (State) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while of work at work 21. I certify that I attended the deceased from alive on 4 M, from the causes and on the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI should PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. lawn, or caunty) (Stole) agod PEMOVAL (Specify) 0 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

RECERNIX &



VS A15 (4) 15M 10/57

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4210

CERTIFICATE OF DEATH

Reg. Dist. No.

04347

			0
1. PLACE OF DEATH o. COUNTY Balto	2. USUAL RESIDENCE (V	Where deceased lived. If institution: b. COUNTY	Residence befare admission) Balte.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Dennis	c. CITY OR TOWN (II	f outside corporole limits, write RURA Dennis	AL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1728 River Rd.	d STREET ADDRESS / 1728	River Rd.	e is residence on a farma yes no
3. NAME OF DECEASED (Type or print) Margaret K. Smi	iddle Los) .th	4. DATE Month OF DEATH Apr	11 22, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M WIDOWED DIV	ARRIED B. DATE OF BIRTH ORCED 6-29-189	- last highdayl Ai	UNDER I YEAR IF UNDER 24 HRS anths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINI during most of working life, even if relired) 10b. KIND OF BUSINI during most of working life, even if relired)		te ar foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Tudor	14. MOTHER'S MAIDEN Mar		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITION. No. or unknown] [If you, give wor or dores of service] 220-05-0	7 NO. 17. INFORMANT Almer	M. Smith 1728	B River Rd.
1B. CAUSE OF DEATH [Enter only one cause per line for (g), (b), one PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate	rang Occlus	mbolus	INTERVAL BETWEEN ONSET AND DEATH
cause (o), stating the under. DUE TO My (c)	occurdial	Infarctio.	n L
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CONTRIBUTION TO THE CONTRIBU	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RY OCCURRED (Enter nature of injury in	n Part E ar Part II of stem 18)	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while at work at work at work	20e. PLACE OF INJURY (Home, for factory, street, affice bldg., e	rm, 20f. (City or town)	(County) (State)
ACTUAL SIGNATURE JOHN 6/4EA	that death accurred at 5	M, from the causes and ADDRESS (Street, sity or town, state	
270 BUR AL, CREMATION, 27b. DATE THEREOF 22c NAME OF BUR121 4-24-58	CEMETERY OR CREMATORY OWNIGE COM.	22d. LOCATION (City, town, or co	
23. FUNERAL DIRECTOR'S SIGNATURE Howard H. Hubbard 4107 W11	24a. RE		AR'S SIGNATURE

NOR OF THE SELECTION OF

Envern N. 8

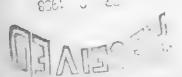
ofter

MOSMITAL

DECENVED APR 23 1958

BUREAU V. S.





requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		MARYL				ENT OF HEALT	'H—BALTI	MORE, 18	3	04351
			436	O CEKI	IIFIC/	AIE OF DEAL	П		Reg. Dist. N	О.
a. COUNTY	ATH				DWI ALUT	2 USUAL RESIDENCE (V	Where deceased In	6 COUNTY		
	ltimore				RYLAND	Maryland		E	altimor	
b. CITY OR T	OWN (If outside of give nearest town	arporate limits)	s, write	c. LENGTH OF STA	LY IN 16	c. CITY OR TOWN (I	foutside carparate	e limits, write RUI	RAL and give n	earest lown)
F	altimore			35 yrs	5.	A Baltimore				
OR INSTIT	1 - 1	in haspital, gir Nood		. '		6505 Haz	elwood C	ourt		on a FARM?
NAME OF		First	t	Midd	Re	Lost	4. DATE	Month	(Day Year
(Type or prin	Howar	d		Kenneth	S	nalding	OF DEATH	April 28	-1958	10
SEX			7 MARRII	EDE NEVER MAR		8. DATE OF BIRTH	9	AGE (In years	FUNDER TYEA	R IF UNDER 24 H
Male	Wh	ite	WIDOWE	DIVOR	CED 🔲	12-27-1897		60 yrs.	Manths Days	Hours Min.
0a. USUAL OC	CUPATION (G've k	ind of work d	one 10b K	CIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLACE (Sto	le ar foreign caun	Iry)	12 CITIZEN	OF WHAT COUN
Guar	of working life, e	ven ir retired)	G	len Marti	in Co	. Point of	Rocks.	Md.	U.S	5.A.
J. FATHER'S NA	ME					14. MOTHER'S MAIDEN				
	Howard J	Spale	dina			Pattio	Nichols			
5. WAS DECEA	SED EVER IN U. S.	ARMED FORCE	ES? 16. S	OCIAL SECURITY N	IO 17 I	NEORMANT	MTCHOTS	Addres	1	
Yes no or unknows) (II yes, give v	var or dates of ser		18-18-527	5 11	rs. Nettie S	naldina	4505 H27	elwood	Court
-1	OF DEATH Enter	r only one cou		e for (a), (b), and (274	IS. NECOTE D	pararig	0)0) 1142		TERVAL BETWEEN
	I I. DEATH WAS C	AUSED BY:			- ^	clus			Öì	SET AND DEATH
	IMMEDIA	TE CAUSE (o). DUE TO	~.0	L 2 45-4		clusion				T min,
A temperature that the total and the total a										~ ~ -
gove rise to immediate									2020 .	
	stating the <u>under-</u>	DUE TO								
lying cour) (c).		2017010117110 70 0	F 0 7 1 D 1 T	MAT BOLL TER DR THE TOTAL				
Part 20g. ACCID OR CONTRI (IF EITHER,	II. OTHER SIGNII	ICANI COND	IIIONS CC	JAIKIBUTING TO E	ENIH BUI	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN	V IN PART 1(a)	PERFORMED?
5	- 15 11114 111 15									YES NO
OR CONTRI	ENT WAS UNDERL	OF DEATH	206. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of injury i	n Part I ar Part II	af item 18)		
	NOTIFY MEDICAL									
	F INJURY Month,	Day, Year	r 20d IN. While	JURY OCCURRED Not while _	20e. PL	ACE OF INJURY IHame, for	rm, 20f. (City or	town)	(County	r) (Stal
8	p. m.	19	at work	of work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
21. I ceri	ify that Latte	ended the	decease	d from FE	34	1955 to	APRIL 2	5 1058	that I last	saw the decea
alive an	APRIL	25	, 19 5	P and the	at death	accurred at 7:43 /	Q. M from t	ha causas an	al an sho al	at the deced
a	A			, and me	ar acam	accorred di		t, city or town, str		DATE SIG
ACTUAL	14	R. 1	M	· nd	1).		,		,	
SIGNATURE	1000			-		M.D				
PHYSICIAN NAME (Typ	james	R. Ma	son,	M.D.						
20 BURIAL, CR		ATE THEREOF		22c NAME OF CE	METERY	O COEMATORY	M2 1071710	N. 16 A. A.		
REMOVAL (Specify}						_	N (C ty, tawn, ar	county)	(State)
Buri		1-1958		Loudon	Pk.	Cemetery	Balt	THE RESERVE OF THE PERSON NAMED IN	n one Attended	hor
S. FUNERAL DII	ECTOR'S SIGNATI	JKE 1/	//	ADDRESS	Del	· D.11	E/O'BY REGISTRA	246 HEGISTI	RAICS(SIGNA)	DKE
X app	annth	M 1 14	MAR	1701	na	CARCA DATE	PR 3 0 '58	100-	eaul h	

eral directar, be filed with uld be

ath. Poge 4

hospital ar attending physician.

After this certificate has been signed by the attending physician and completely filled in by the effoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sharehord, cremation, or remayol, and the only event within 72 haurs after death. page 3 should be detached far use as the burial-tra the registrar priar to burial, crematian, or remayal,

JING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter TO HOSPITAL OR ATT moy be retained by TO FUNERAL DIRECT

VS A15 (4) 1SM 10/57

NPR 30 1953

BUBEAU Y. R.

04352

DATE SIGNED

4/15/58

(Stote)

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) **b** COUNTY CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Day Year 19 🚐 IF UNDER 1 YEAR, IF UNDER 24 HRS years hdoy) Months Doys 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN DNSET AND DEATH PERFORMED? YES NO [X] (County) (Stote) 19 58 that I lost sow the deceased

Baltimere 29. Maryland.

266 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57



BULEAU V. S.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission), a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF-STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give secrest fowns Run d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, givergirest address) d. STREET ADDRESS e. IS RESIDENCE **actor** ON A FARM? ā Boxel YES TO NO IZ 3. NAME OF 4. DATE Year DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE/ 7. MARKIED NEVER MARKIED 7 8. DATE OF BIRTH 9. AQE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED | 10a. USBAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR HYDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retired) withasing FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. 12-INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), sloting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO X 13-27.6 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20g PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While While Crack 19 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry XI, and find that death resulted from: Natural causes XI. Accident Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE orwarded t ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) EMOYAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR (24b. REGISTRAR'S SIGNATURE VS A15ME(5) DATE 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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Z .V UAZRUZ

DECEMARINA FILL

PRESIDE N. S.

04356

be executed	may be retained by the hospital ar attending physician.	n and cample	page 3 should be deroched for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shows	fter death.
th certificate		fing physicio	se remaye co	n 72 haurs of
not the deal		y the attend	Then plea	event withi
requires th	ion.	en signed b	nsit permit.	and in any
N: The low	ding physic	ate has be	e burial·tra	r removal.
PHYSICIA	tal ar after	this certific	ar use as th	remailan.
TTENDING	y 18e hospi	If After	deroched for	to buriol, c
ALOR A	retained b	KAL DIREC	should be	Istrar prior
F				-
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer	may be	TO FUNE	page 3	the rec

	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased tived If institution: Residence of STATE b. COUNTY)	e before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ve riegresi lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1435 ABTRIT DKLV	3435 MBIRIY 1KWY	e. IS RESIDENCE ON A FARM? YES NO
- 1	NAME OF DECEASED (Type or print) C/LLD / Widdle	TATE OF DEATH 4/19/58	Day Year
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	MAR. 5 1886 72 yrs. Months	YEAR IF UNDER 24 HRS. Doys Hours Min
1	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	PERN A	ZEN OF WHAT COUNTRY?
Ł	BENJ: WILLIAMS	L'LIZ, HOLLAND	
	(If yes, give year or dates of service) NONE #	ARVEY R. THIE - SHME	
	18. CAUSE OF DEATH [Enter only one couse per fine for (a), (b), and (c)] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) L. C.	Kemanhage	ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last.	1 Perkeno Schensis	15this
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO M
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enler nature of injury in Port I or Part II of item 18)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 work of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. m. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURRED for the p. M. 19 of work 20d. INJURY OCCURRED for t	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (Co	ounty) (State)
	21. I certify that I attended the deceased from fine alive on 19 50, and that death signature signature all Mollius		ast saw the deceased e date stated abave DATE SIGNED
	PHYSICIAN'S TORKE (VOLLINS	15alf 22 m	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 4/19/5 54/1/11/19	Hers. William Tulin ,	PENNA
1	Chilles Line to Survey March	1 12 DATE 21:3 240. REGISTRAR 246. REGISTRAR'S SIGN	NATURE

SECENTIFIED STATES

. R. V. UAEAUS

4369 CERTIFICATE OF DEATH

Reg. Dist. No.

04357

		Reg. Dist. 140.
- Constitution of the Cons	1. PLACE OF DEATH O COUNTY BALTIMORE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission) o STATE b. COUNTY ACCOMA
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CATONSVILLE 1/2 MON.	TEMPERANCEVILLE
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 105 Oshorre Road	ROUTE 13 CON A FRAMP
	N.	
	(Type or print) A GNES HARTMAN	TAYLOR DEATH HONG
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WATE WIDOWED DIVORCED 1	DATE OF BIRTH 9 AGE (In years lif UNDER 1 YEAR IF UNDER 24 HPS. 1 Add (In years last birthday) 7 2 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done of the local line) during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CACOB HARTMAN	SALLY MORTHAM
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	Address 106 DSBOA
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) GREEN AS CLER	otic C. V. D. ONSET AND DEATH
	4551 DUE TO	
	Conditions, if any, which) (b)	
	gove rise to immediate cause (o), stating like <u>under.</u> DUE TO	
	lying cause last. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH USE OF CONTRIBUTING CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		(Enter nature of injury in Port I or Port II of item 18.)
ı		CE OF INJURY (Home, form, 20f. (City or town) (County) (State) rry, street, office bldg., etc.)
	Hour a. jt. While Not while factor p. m. 19 While of work of work	
	21. 1 certify that I attended the deceased from No	1943 to 1951, 1955, that I last saw the deceased
	alive on 900 1 19 50, and that death of	occurred at 12 m, from the causes and on the date stated above.
,	ACTUAL (1)	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE M.	03325 Fired-que Ou Bolt May
	PHYSICIAN'S J. C. POUND	.=
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	The state of the s
	Runes (Specify) 4-10-58 John A. Taylor	Memorial Belle Haven, Accomac Co., Va
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Cool, Inc., 1217 St. Paul Stree	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE?
	Militam Coordings, Tr., oferson Atoo	DATE DO CONTEGUER

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the present director, page 3 shauld be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remain, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

BUTEAU V. S.

of the I ddv



VS A15 (4) 15M 9/55

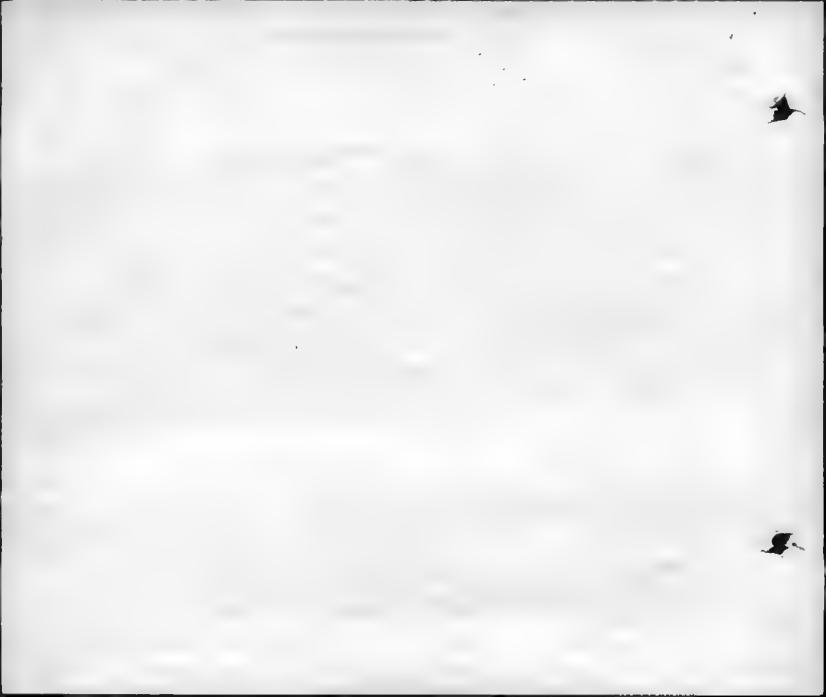
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04358

4370 **CERTIFICATE OF DEATH**

Reg. Dist. No.

		LACE OF DEATH	. 1 -			2. 1	SUAL RESIDENCE (WI	here deceased live		Residence t	pefore admission)	
/	,	Ba	(TITTEOF	~	MARYLA	ND '	STATE THAT Y	and	b COUNTY	21401	i-cl	
ą,d	ı		TY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GESTER AUE, Stanleigh Four Months 3 are ETS VIIIC 12 x - 2 AME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE			./						
	4			eigh	Four Month	15	Jarret	15 V:11	e 1	2 x .	A	
		NAME OF HOSPIT	AL (If not in hospital,	give street od	ldress)		d. STREET ADDRESS				. IS RESIDEN	CE
	/	1 THACO	St MILTE	1779 H	101778		p				ON A FARA	
	3 !	NAME OF	, Fi	rsi	Middle	,	Last	4. DATE	Month		Day Year	
		DECEASED Type or print)	da Vira	9/7/10	1/14/	01		DEATH (2)	hr 20	6- 1:	958 10	
	5. 9	£Χ	6 COLOR OR RACE	7. MARRIES	D NEVER MARRIED	B. DA	TE OF BIRTH	9. 4	and the same of th	FUNDER I Y		
	7	Emale	White	WIDOWED	DIVORCED [ay 4. 7 1	862 0	ost birthday)	Months Da	ys Hours M	in
	100	USUAL OCCUPATION	ON (Give kind of work	done 10b. Kil	ND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or foreign country	у)	12. CITIZE	N OF WHAT COU	NTRY
	,	HOUSEH		(a)	* home		Jarrettsv	1116 777	ed	U	SA	
	13.	FATHER'S NAME				14	MOTHER'S MAIDEN I	NAME		,		
	W	M Bo	05/E4	Vari	rett	/	Mary VI	1491771.	a Ga	1177	es	
			R IN U. S ARMED FOR		OCIAL SECURITY NO.	17. INFOR	MANT /	, ,	Addres	3		
		. 170		-		Cha	r/85 fd,	1/04	10t, 0	atte,	75501116	Mis
		18. CAUSE OF DEA	TH [Enter only one co	ouse per line	for (o), (b), and (c).]	. ,		n	1	[]	INTERVAL BETWEE	N
	A)	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1 Cel	REBRAL	12	cahar	Alcert	DeNT		DNSET AND DEAT	A
)		420.0	DUE TO)			./		~ .			
		Canditions, if o		ART1	Rio Schop	Tie -	4 / penters	14e 147	T. Dis	ease.	15 Vag.	4<
		gave rise to it catte (a), stating)			/'				110	
		lying couse lost.) («	=) Lo	BAR PN	elley.	ON/A				Zuke.	r
_	CERTIFICATION		TER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	TON TUB	RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN	I IN PART 1(c	19. WAS AUTO	PSY S
	2	Havx	· Sen	12/11	<u> </u>						YES NO	_
	RTSF	200. ACCIDENT WA OR CONTRIBUTING	CAUSE OF DEATH	206 DESCRI	IBÉ HOW INJURY OCC	URRED. (En	ter noture of injury in	Port I or Port II of	fitem 18.)			
			MEDICAL EXAMINER)									
		20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	or 20d. INJU While	URY OCCURRED 20	 PLACE C factory, 	F INJURY (Home, form afreet, office bldg., etc	n. 20f. (City or to	own)	(Cour	ity) (St	tote)
	MED	p. m.	19		ot work							
		21. I certify th	at I attended the	deceased	from MAY		, 1957, taA	rail 26	1955;	that I last	saw the dece	eased
		alive on_As	wih 25	1258	and that de	eath occ	urred at \$ 1	M, from the	e causes an	d an the	date stated at	bave.
			10	n/	· · · ·			ADDRESS (Sireel,			DATE SI	
,		ACTUAL SIGNATURE	forms	1-11/2	mions &	M.D.	Varre7	75 VI/I	4 , 111	56		
		PHYSICIAN'S	TABITE	THOM	TOOM AL	2.1	n		/			
		NAME (Type)/	S. JAMES			2 lil •	<u> </u>					
	220	BURIAL CREMATIO	N, 225 DATE THEREC		22c. NAME OF CEMETE	RY OR CRE	MATORY	22d. LOCATION	(City, town, or	county)	(Stote)	
	75	surial	472 78	-58	Jarrelts	1/1/6		Varre	ITSYII.	E HA	rfard M	79,
	23.	FUNERAL DIRECTOR	SIGNATURE	100	ADDRESS	1	Peter on	D BY REGISTRAR	24b. REGISTI	AR'S SIGNA	TURE	
		more	my CIN	24/7/	Justila	win	DATE MA	1 '58	1 xxx	- 0	1	



V\$ A15 (4) 15M 10/57



S A AVALLET

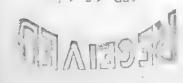
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	14
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CERTIFICATE OF DEATH

04360

L			43	79	X11110		- 01 -	-6	•		Reg. C	ist. No.		
1.	PLACE OF DEATH	Baltimore)	WARYLAND	2	n STATE	aryla	_	d lived IF institut b COUNTY			re admisi	ean)
	RURAL ond give r		s, write	c. LENGTH OF		,_			•	rate limits, write I	RURAL ond	give neo	rest taw	1)
-		sville		2yrlmth	19dys			more(271					
	OR INSTITUTION	GROVE STAT		OSPITAL		1	301L	Louis	iana	^h venue				PARM?
3	NAME OF	Fire		N	liddle		Losi	1	4. DATE	Ma	nth	Do	·	Yeor
	DECEASED (Type or print)	Phili	.n				Thalhe	imer	OF DEATH	Apr		13		1958
5.	SEX	6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9 AGE (In years) IF UNDER								R 1 YEAR				
	male	white	WIDOWE	DIV	ORCED 🗌		an. 8,			last birthday) 07 yrs	Months	Days	Hours	Min
10	USUAL OCCUPATION of working most of working most of working salesma	ON (Give kind of work of rking life, even if retired) ON (Ret of	lane 10b.	KIND OF BUSING Furnitus	ESS OR INDU	ISTRY	11. BIRTHPL	ACE (Stote of Maryl		ountry)		ITIZEN O		COUNTRY
13	FATHER'S NAME	mr (net-u	/	rumitui		14	. MOTHER'S							
		Thalheimer						a Com						
15.		ER IN U. S ARMED FOR		SOCIAL SECURIT	Y NO. 17.	INFOR	MANT	-		Add	lress .			
(31	unknown	(If yes, give war or dates of st	enral .		7	eco	rds:	SPRIN	G GR	OVE STA		HOSP I	TAL	
		ATH [Enter only one car	use per lin				,					INTE	ERVAL BE	TWEEN
	PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		andi	al	,	tar.	lur	2	troease		ONS	SET AND	DEATH
	422,1	DUE TO	1	,	0	. (,	,		4				
	Conditions, if	any, which) (b)	1	Meri	o tal.	Co	udio	, l'as	0.0	troease	>			
	gave rise to cause (a), stating	immediate (
	lying couse last.													
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	O DEATH BU	NOT	RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS PERFO YES	RMED?
CERTIF	200 ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJU	IRY OCCURRI	ED. (Er	nter noture of	f injury in P	ort I or Pari	t II of item 18.)	•			
MEDICAL	20c. TIME OF INJU Hour a. m.		r 20d. ih While	NURY OCCURRE	D 20e. Pi	ACE (OF INJURY II	Hame, form,	20f (City	or town)		(County)		(State)
ME	p. m.	19	at wart						<u> </u>					
	21. I certify t	hat I attended the	decease	ed fram	Marc	h 2	19 56	to AT	ril 1	3, 1958	that I	last so	w the	deceased
	alive on Api	ril 12.	_ 12.5	8 and	that deatl	1 000	urred at	L:58 F	M. fran	n the causes	and an	the da	te stati	ed abave
		7	/	,						treet, city or town				ATE SIGNED
	ACTUAL SIGNATURE	Stella	W	aclisi	ees_	M.D.	SPF	RING	GROVE	STATE	HOS]	PITAL	<u> </u>	
	PHYSICIAN'S NAME (Type)	TELLA	W	17CHS	CE.	P	Cat	cnsvi	lle 2	6, Maryl	and_			
220	BURIAL, CREMATIC	ON, 22b. DATE THEREO	F	22c. NAME OF	CEMETERY C	OR CRI	EMATORY		22d. LOCAT	ION (City, town,	or county)		(Stat	e}
	Burial	Apr. 16.1	958	New C	athed	cal	Cem.		Ba	ltimore.	N	larv1	and	
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				240g 856	BY REGIST		STRAR'S S	IGNATUR	RE	
	Wi 771 an	Cook The		7077 04	Dans	0	£	DATE	20		-2au	wie -		



BUTTAN V. S.



04361

		4;	373	CERTIFIC	ATE OF D	EATH			Reg. Dist. N	lo.
	LACE OF DEATH . COUNTY	Baltimore		MARYLAND	o. STATE	DENCE (Who		ed. If institution b. COUNTY	on: Residence be	fore admission)
ь	. CITY OR TOWN (IF	outside corporate limit arest town}	s, write	c LENGTH OF STAY IN 16			tside corporate		JRAL and give n	earest town)
	NAME OF BOOK	64 225		L	Baltimo			3.7	01.4	T
C	OR INSTITUTION	7306 Libe:			3811 GW		ak Aven	ae #7		IS RESIDENCE ON A FARM? YES NO [
0	IAME OF ECEASED Type or print)	WALLAC		Middle A.	THOMAS,		4. DATE OF DEATH	Mont	h (Doy Year 1. 1958
S. SI	EX	6. COLOR OR RACE	7. MARR	IED 🗓 NEVER MARRIED 🔲	B. DATE OF BIRTI	1	9. A	GE (In years		AR IF UNDER 24 HE
M	lale	White	WIDOWE	D DIVORCED	Feb. 29	1888		70 уп.	Months Days	Hours Min
13. 1	etired V.		4	stern Md. Dai	14 MOTHER'S					
15. \		IN U. S. ARMED FOR		SOCIAL SECURITY NO 17	INFORMANT	1100100		Addr	ess	
9.5	O	(I yes, give wor or some or to	avicej	Yes	rs. Clara	D. Ti	homas-38	311 Gwy	nn Oak	Avenue #
CATION	Conditions, if on gave rise to in couse (a), storing t lying couse last. PART II OTH	he under-	#	The Legis	T NOT RELATED TO	Hen	A L	ksens	EN IN PART 1(0)	5 70 . 19, WAS AUTOPS PERFORMED? YES NO
0	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING II II CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURE	ED (Enter nature o	f injury in Po	art I or Part II a	f item 18.)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	Not while of work	LACE OF INJURY (I actory, street, affice	Hame, farm, bldg., etc.)	20f. (City or I	own)	(Count)	y} (Stal
	21. I certify the alive on Artual SIGNATURE PHYSICIAN'S NAME (Type)	ent L.C	han		, 1947 h occurred at M.D. 4/06 4/06 L		7	e couses a	nd on the d	saw the decea ofe stated abo haf 4-13
	BURIAL, CREMATION REMOVAL (Specify)	1, 226. DATE THEREO	F	22c. NAME OF CEMETERY Druid Ridge			22d LOCATION Pikesvi		r county) aryland	(State)
23, [UNERAL DIRECTOR'S	SIGNATURE OF	ton d. d.	ADDRESS		24a. REC'D	BY REGISTRAR		TRAR'S SIGNAT	URE
61	m. 4.110	pravite	men.	116 179	20	D. 1 00 0.5	AR 4 E 16.0			4

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the precior.

STAUDED A

BULEAU V. S.

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4201

CERTIFICATE OF DEATH

Dam Diet No

	AL NO 17 (4)						Keg. Dist. I	
1. PLACE OF DEATH o. COUNTY	Dundalk	MARYLAND		oence (w.) aryla:		l lived. If instituti b. COUNTY		efore admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c LENGTH OF STAY IN 16	II .	-	olside corpo Static	rote limits, write R	URAL and give	nearest town)
d NAME OF HOS	PITAL (If not in hospitol, give street 201 Walnut		d. STREET A		nut Av	renue		e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Fletch	Middle 31°	Ton		4. DATE OF DEATH	April		1958 Year 1958 19
s. sex Male	A . 3	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTI		7	9. AGE [In years lost birthday] 70 yrs		
100. USUAL OCCUPAT during most of we Steelwo	TION (Give kind of work done 10 orking life, even if retired) OPKOT	e. KIND OF BUSINESS OR INDU Bethlehem Steel				N. C.	12. CITIZEN U. S	OF WHAT COUNTRY
13. FATHER'S NAME Osborni	e Toney	,	14. MOTHER'S		Toney	7		
15. WAS DECEASED E	All the same and a date of seconds.		Milton T	oney	201 V	Malnut Av		
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART 1(0	19. WAS AUTOPSY PERFORMED?
	MAS UNDERLYING 206. DI	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture o	f injury in P	art I or Part	II of item 18.)		YES NO A
	URY Month, Doy, Year 20d Whi		LACE OF INJURY (sclory, street, office			or town)	(Caun	ly) (State)
21. I certify alive on ACTUAL SIGNATURE	that I attended the elecer prif 2 19	ssed fram	, 19 h accurred at				and on the	saw the decease date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	R. A.S.	mas	· · · · · · · · · · · · · · · · · · ·					**********
Burial		22c. NAME OF CEMETERY C		ry		non (City, town. Ltimore (Co., Mar	
23. FUNERAL DIRECTO Charles		ADDRESS dison Avenue		246. REC'I	BY REGIST	Our	STRAR'S SIGNA	TURE

may be retained by the hospital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the first director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A1S (4) 15M 9/S5



S.V DALANCE

HOSPITAL







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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4.00			

04364

4375 **CERTIFICATE OF DEATH**

Reg.	Dist.	No.	32

	1. PLACE OF DEATH COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE MARYLAND b. COUNTY BAITIMORE
4	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Mt. Wilson, Maryland	BALTIMORE SVOIT
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e 15 RES.DENCE
	Mt. Wilson State Hospital	2237 Reliterstown Rd VES NO NO
	NAME OF DECEASED (Type or print) VASELIOS TSIME	31DES 4. DATE Month Doy Yeor DEATH Abril 6 1958
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1 - 18-34 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 2 3 yrs. Months Days Hours Min
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMAN	
	A. TSIMBIDES	14. MOTHER'S MAIDEN NAME
		FORMANT Address
	(If yes, give wor or dates of service)	spital Records, Mt. Wilson State Hospital
	1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY FAR ADVAN	CED PULMONARY TUBERCULOSI & mouth
	OO R X DUE TO	7
	Conditions, if ony, which by gove rise to immediate (b).	
	couse (a), stoting the under-	
	lying cause last. (c)	
)	CAT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\bigcap \to 0 \)
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter notuce of enjury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 Of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 9. 10	19.57, ta. 4 - 6 , 19.57, that I last saw the deceased
1	alive on $4-6$, 19 5 \overline{X} , and that death	accurred atM, fram the causes and on the date stated abave
1	1 1 1 1 1 1 1 1	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE William Muciny N	Mt. Wilson, Maryland
	PHYSICIAN'S William Newcomer, M.D.	Superintendent
	220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or county) (Stole)
	BURTAL 4-9-58 Greek Cemete	Paltimore Baltimore
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A line Cook Inc. 1.37 St. Paul S.	240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE
	William Cook, Inc., 1-17 St. Paul Str	DATE APR 9 '58 Wireduch

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DECENTED SIG

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2	(4)

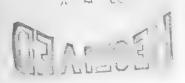
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . STATE Maryland o. COUNTY **b** COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neares) lown) RURAL and give nearest fown) Mars Owings Mills Mills Owings d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 11111 Reisterstown Road ON A FARM? Reisterstown Road YES NO NO NAME OF Middle 4. DATE Viola Turnbaugh Doy DECEASED April 58 DEATH (Type or print) 10 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Davs Hours April 18 WIDOWED 1 DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland USA Housewife **FATHER'S NAME** 14. MOTHER'S MAIDEN NAME Ida V Walter D Fred Sprinkle 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address -32-7169Mrs Frances Cole Reisterstown Md No 1B CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cosse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS COMPRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19/WAS AUTOPSY PERFORMED? YES NO T 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work ol work 21. I certify that I attended the deceased from... 1922 that I last saw the deceased ___, and that death accurred as 12 30 HM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) St Pauls Cemetery Apr Arcadia Md 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Reisterstown Md

DATE APR 7

0 VS A15 (4) 15M 9/59





VS. A15ME(5) SM 9/55

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imER: This certificate should life executed within 24 hours after death. If any delay is necessary, please exe-	g	GH	3 shauld be
	NO.	Ä	pa
433	0	0	W
	든	dic.	0
A	ing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral a	Me	Pag

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04366

Reg. Dist. No.

	LACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deced			ence be	are admi	ission)
	. COUNTY	Baltimore		MARYLAN	10 H	o. STATE Mary	land	b. COUNT		alti	more	
Ь	. CITY OR TOWN (If a	outs de corporate fimits, write	RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (IF	outside co	rporate limits, write	RURAL on	d give n	earest fa	wn)
	Seneca P	ark				X Senec	a Parl	k				
d	. NAME OF HOSPITA	L OR INSTITUTION (If not in hos	pital, give street address)		d. STREET ADDRESS				_	e. IS RI	ESIDENCE A FARM?
	Box 53	4 Seneca	Park			Box 534	S	eneca Pari	t			NO 📑
3. 1	NAME OF DECEASED	Fir	at .	Middle		Lost	4. DATE OF	Month	1	Day	Y	ear
	Type or print)	Mar	У	G.	TIN	verzagt	DEATH	April		8	3	9 58
5. S	EX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lest birthday)				ER 24 HRS.
1	Temale	White	WIDOWE	D IVORCED	A	pril 26, 19	10	47 yrs.	Months	Days	Hours	Min.
10a.	USUAL OCCUPATION	N (Give kind of work of life, even if retired)	dane 10b. K	CIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (State	ar fareign	country)	12. CIT	IZEN O	WHAT	COUNTRY
	Housew			Home		Marylan	d			U.	S. A	1.
13,	FATHER'S NAME				1.	4. MOTHER'S MAIDEN I	NAME					
	Willi	am N. Usld	ebran	đ		Kanther	ine Ki	reiner				
15. [Yes.		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFO	DRMANT		Address				
	No	No		None	1.5	rs George J	Lin	4628	Piml	ico	Rd.	
	18. CAUSE OF DEATI	H (Enter only one cau	se per line	for (a), (b), and (c).]	_	1	,	· · · · · · · · · · · · · · · · · · ·		INTER	VAL BETWE	EN .
	PART I. DEATH	WAS CAUSED BY:	(%	Monay	0	eclusi	m			-		
	4' .:	DUE TO			_							
	Canditions, if on	y, which) (b)										
	gave rise to immedi (a), stating the up											
	cause last.	(c)										
Z	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BU	TNO	RELATED TO THE TERM	NAL DISEA	SE CONDITION GIV	EN IN PAR	T 1{o} 1	9. WAS /	AUTOPSY RMED?
TY			-							,	res 🔲	NO 🔼
CERTIFICATION	200. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	E HOW INJURY OCCURRED	. (Ente	r noture of injury in Par	t I ar Port I	I of item 18.)				1
	CAUSE OF DEATH.			200								
WEDICAL	20c. TIME OF INJURY	Month, Day, Yea	tr 20d. I		LACE	OF INJURY (Home, form, street, office bldg., etc.	20f. (Cit	y or town)	(Co	unty)		(State)
WED	Hour a.m. p.m.	19	IV h./	Not white	ucrui y.	, sileer, or the brog., ere.	'		-			
	21. I certify the	ot I took charge	of he 7	emains described of	bave	, held an Autops	у 🔲, 🗓	nspection []	Inqui	ry [7]	end	find the
	death resulted	fram: Natural	causes [Accident [], S	uicie	de 🔲 Homicide		Indetermined c	_			
		ma	0			_	_		_			
	ACTUAL	11/2/	0 a	No	J.	CHIEF MEDICALE	AMINER []		. /	DATE S	IGNED
		74.0	\			ASSISTANT MEDIC	AL EXAMIN	ER 🔲 🔔		+ F	7/-	0
	NAME (Type)	M.B. J)AVI	s MI		DEPUTY MEDICAL	EXAMINER			/ '	10	8
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d LOC/	ATION (City, town, o	or county)	_{	(Stote	9)
	Purial	April April	12. 1	58 Holy Re	de	יין פוווי	Ba	Ltimore,	iid.			
23.	FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS			D BY REGIS			GNATJI	RE	
	William	Cook- Blig	ht In	c. 6009 Harf	oro	Rd. DATE			/	- 1		
						i i	HILL	30 11 2	0.00	# 1/2		

LILLEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4378 CERTIFICATE OF DEATH Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE **b. COUNTY** MARYLAND Baltimore Marvland CITY OR TOWN (if outside corporate fimits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Fort Howard 10 Davs Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital 1619 E. Madison St. YES NO T First 4. DATE Middle Yeor DEATH 19 58 John MMT VESSEL April 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days WIDOWED | DIVORCED | 62 Negro 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fireman Chemical Co. Lancaster Co. Virginia U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Vesse! Pricilla Richards 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address IInk. Clin.Rec.Vet.Adm.Hosp., Ft. Howard. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METASTIC CARCINOMA CERVICAL REGION. PLURA IMMEDIATE CAUSE (a) COMEXICO MEDIA STIMAL LYMPH NODES AND LIVER. Canditians, if ony, which 30 gove rise to immediate PRIMARY SOUMAOUS CARCINOMA, INFRA-ARBITAL REGION, l Year DUE TO cause (a), stating the under-Tring couse lost. Months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLD 19. WAS AUTOPS PERFORMED? BRONCHIAL PNEUMONIA. BILATERAL. YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg . etc.) Hour o m While Not while at work of work P m XXXXXXXXXXXX and that death occurred at 11:27M from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED Veterans Administration Hospital CHIEN WEI LAN. M.D. 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 4-16-58 Baltimore National Frederick Rd. Balto. Md. Burial 23 FUNERAL DIRECTOR SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Madison Ave. Balto. Md.

· COUNTY

NAME OF

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FUNERAL

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VS A15 (4) 15M 10/57

page

carban

ofter

DECEASED (Type or print)

Male

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Law.

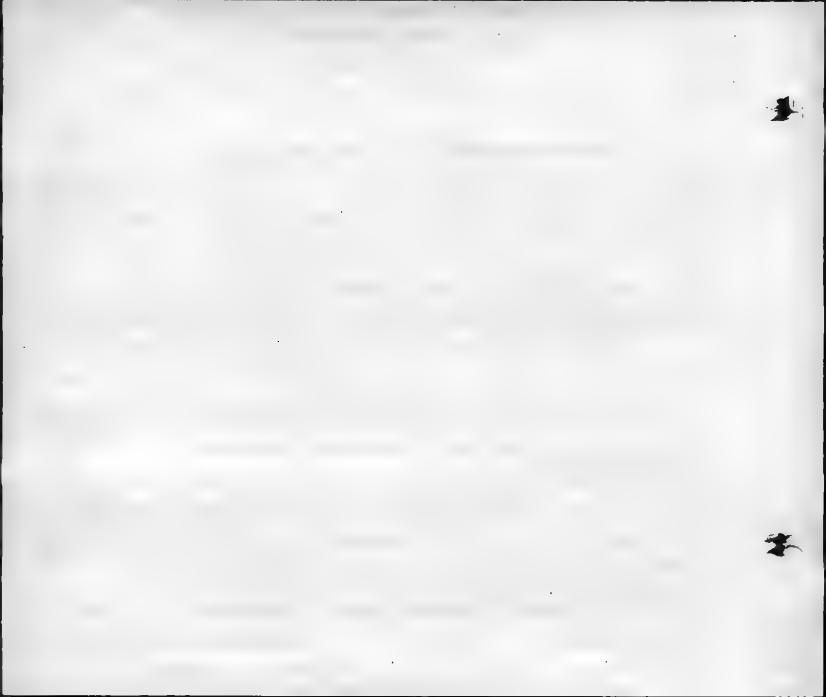
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BULLAU K, &

VS A15 (4) 15M 9/SS I

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE Maryland b. COUNTY Ball	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)	T 1 11 11	ive nearest tawn]
d. NAME OF HOSPITAL (If not in hospital, give Street address) OR INSTITUTION / 7 , 1 / 1 / 1 / 1	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	ome 41 Dahlia Lane	YES NO KX
3. NAME OF First Middle OFCEASED (Type or print) Margaret	Wanner Death Ale	Day Yeor 24 1958
5. SEX 6. COTOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (if years FUNDER lost birthday) Manihs	I YEAR IF UNDER 24 HRS
Temale white WIDOWED EX DIVORCED [Apr. 28, 1887 lost Brithday) Manths	Days Hours Min.
Too. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	0 1	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Baltimore, Maryland	UJVI
Henry Wagner	Clara Watton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	Mr. Philip Wagner, 466 Carvo	Ill Beech Ro
18. CAUSE OF DEATH [Enter only one course per line top (a), (b), and (c).]	1 Care Train	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Attended to 196, 20 DUE TO 2	C	174.
Conditions if now which) Meles T	Dr. 1-18.	3 - 1-
gave rise to immediate	James of Africa	7
casse (a), stating the <u>under-lying couse lost.</u>	,	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
CATIC		PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enler nature of injury in Port I ar Part II of ilem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at work of wark	e. PLACE OF INJURY (Hame, form, factory, street, office bldg., etc.)	county) (State)
21. I certify that I attended the deceased from aug.	29, 1955, to apr. 24, 1957 that 11	ast saw the deceased
alive an Phr. 24 19 37, and that de	eath accurred at /// Jo/JM, from the causes and an th	ne date stated abave.
	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE Land 4 - Mi soul	M.D. 520 DST. Ball. 19 Md	4/26/58
PHYSICIAN'S James T. Means		7
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stale)
Burial 4,28/58 Morelan	P	. / 1
23. FUNERAL DIRECTOR'S SIGNATURE	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
Leonard Y. Ruck 5305 Hargord Ro	2. DAMBY 1 '58 (LLL PERLE)	/



Reg. Dist. No.

death. Page

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

1. PLACE OF DEATH

2 IISUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

	a. COUNTY	altimore		MARYLAND	Maryla	nd		b. COUNTY	Balti	more	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	b. CITY OR TOWN (II RURAL and give no	outside corparate limi orest tawn)	s, write c.	LENGTH OF STAY IN 16 14 Months				rate limits, write f Marylan	RURAL and giv	e nearest t	own)
	OR INSTITUTION	AL (If not in hospital, g		· ·	d. STREET ADD		1			01	RESIDENCE N A FARM? NO
I	3. NAME OF DECEASED	Fir T-v-7-o	ıt	Middle	Wagener		4. DATE OF	Mor	yh .	Day	Yeor
-	(Type or print) 5. SEX	Lula	7. MAPPIED	NEVER MARRIED	B. DATE OF BIRTH		DEATH	9. AGE (In years	IIF UNDER 1	YEAR IF U	1958 NDER 24 HRS.
1	Female	White	WIDOWED		March, 16	"18	85	lost birthday) yrs.		ays Hou	
1	10a. USUAL OCCUPATIOn during most of work etired—Se	N (Give kind of work ing life, even if retired Cretary	lone 10b. KIN	o of Business or Indu etery Com				ill,Md.	12 CITIZ	USA	IAT COUNTRY?
1	13. FATHER'S NAME	No.			14. MOTHER'S MA						
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		nmediate (Care	or (o), (b), and (c).]	cending ('alon	rey es	ith mil	hotisis	INTERVAL ONSET A	BETWEEN ND DEATH
3	PART II. OTH			TRIBUTING TO DEATH BU	NOT RELATED TO TH	E TERMIN	IAL DISEAS	E CONDITION GIV	VEN IN PART 1		REORMED?
_		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter nature of in	ury in Po	ort I ar Par	t II of item 18.)			
l	ZOc. TIME OF INJURY Hour a. n. p. m.	Manth, Day, Yes	While of work	Not white fe	ACE OF INJURY (Hom ctory, street, office blo	e, form, lg , etc.)	20f. (City	ar town)	(Co	unty)	(State)
1	21. I certify the	at I attended the	deceased	from More	4 , 1957, 1	0	Zmil	2 , 195	that I la	st saw tl	ne deceased
	ACTUAL SIGNATURE	prie 9 ulest]	-, 125 S	and that death	M.D. 2436			n the causes of treet, city or tawn,	and on the		
-	PHYSICIAN'S NAME (Type)	N. 1 226. DATE THEREO	V. L	evickas	Bal	len	iore	-30,7	ref		
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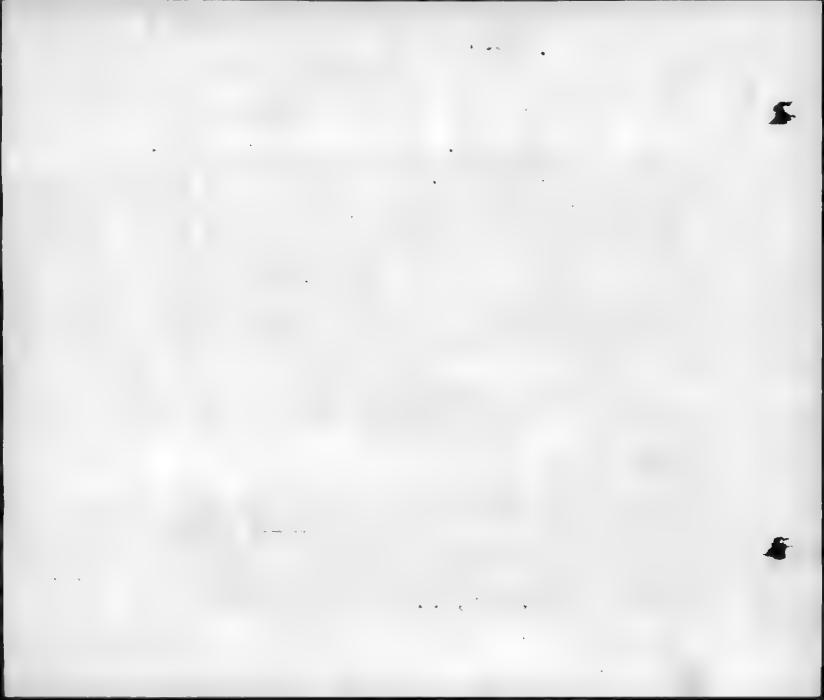
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	13.	FATHER'S NAME	(1 1111	/ ~	7	14. MOTHER'S MAIDE	N NAME		
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		no, or unknown)	[If you give wer or dotes of		DCIAL SECURITY NO			Address	ama .
		18 CAUSE OF DEA	ATH [Enter only one ca	use per line for	r (a). (b), and (c).]	Parents		/3	one .
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Ç.		EXAMINER'S NAME (Type)	*		in, M.D.	DEPUTY MEDIC	AL EXAMINER		
<u> </u>	270	EXAMINER'S NAME (Type) BURIAL, CREMAT (REMOVAL (Specify	ON, 226 DATE THERE		in, MaDo	DEPUTY MEDIC	AL EXAMINER	(City, town, or county	M / /
<i></i>		EXAMINER'S NAME (Type)	ON. 226 DATE THEREO			DEPUTY MEDIC TY OR CREMATORY hedral (em.	22d. LOCATION Bal	timore. 1	Maryland
<i>√.</i>		EXAMINER'S NAME (Type) BURIAL CREMAT (REMODVAL (Specify	ON, 226 DATE THERECON 17 4/29.	58	New Cat	DEPUTY MEDIC LY OR CREMATORY hedral (em. 240 R	22d. LOCATION Bal	timore, 1	Maryland



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the processor. Page 3 should be objected for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/S5

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STATE STORY Company			c. CITY OR TOWN (If outside	corporate limits, write RURAL and give or	carest fawn)
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BREMOVAL (Specify) 4/11/5-8 Pew Freedom em. New Freedom F. J. 23. HUNEFAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR'S SIGNATURE	L	PHYSICIAN'S PAU D. Shaub	Shrews	bury Pa	
23. JUNESAL DIRECTOR'S SIGNATURE ADDRESS. 240. REC'D BY REGISTRAR 246/REGISTRAR'S SIGNATURE	22		OR CREMATORY 22d	LOCATION (City, lown, or couply)	(State)
	1		dom (em. N.	out reedom	Ad.
Lest Varionalem / Sew torredom 10 DATE APRI 4 '58 W. 1- Elic ?	23	HUNERAL DIRECTOR'S SIGNATURE ADDRESS.	/ 240. REC'D BY		
	¥	Local Nortenstein 1/8W torsel	Am 10 DATE APR	1 4 '58 Up, 1-eau	~



Reg. Dist. No.

the attending physician and campletely filled in

- that the death merificate be executed within

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	LOUNTY	Baltimor	е	MARYLA	ND		Md.	ere decease	d lived. If institution b. COUNTY	n: Reside Ba	nce befo ltin	re odmiss nore	ion)
-	RURAL and give ne		ls, write	c LENGTH OF STAY IN	l lb		ndor		rate limits, write RU	JRAL and	give nec	prest town	1)
	d NAME OF HOSPIT. OR INSTITUTION	At (If not in hospital, g 2 Prosp				d. STREET ADD	_	spect	Ave.				FARM?
- 1	NAME OF DECEASED (Type or print)	Albert		Middle Willia	ms	Last		4. DATE OF DEATH	April	13,	1958		Year 19
5. 5	Male	6 COLOR OR RACE White	7. MARI	RIEDE NEVER MARRIED ED DIVORCED		8. DATE OF BIRTH	L893		9 AGE (In years lost birthday) 64 yrs.	IF UNDE Manths	R 1 YEAR Doys	Hours	ER 24 HRS Min
	USUAL OCCUPATION during most of work	ON (Give kind of work ring life, even if retired Pavern Ke		KIND OF BUSINESS OR	INDUS		E (Slote o	or foreign o	ountry)	12 C	U.S		COUNTR
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
	George	A.Willi	ams			Fanr	ile '	Walla	ace				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		rs.Edith	M.V	W1111	ams, Gly		n,Md	1.	
		TH WAS FALISED BY	Lmp Art	ne for (a), (b), and (c)] hysema erioscler	o#:1	e CV.	Dia	Bense				2 y	
	Canditians, if ar gove rise to in couse (a), stating t lying couse last.	mmediate (\										
ERTIFICATION			DITIONS (ONTRIBUTING TO DEAT	HBUT	NOT RELATED TO T	HETERMIN	NAL DISEAS	E CONDITION GIVE	EN IN PA	RT 1(c) 1	9 WAS PERFO YES	RMED?
ERTIF	20a. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING A CAUSE OF DEATH	206 DES	CRIBE HOW INJURY OCC	URRED). (Enter noture of i	njury in P	art t or Por	III of item 18)				

none 20d. INJURY OCCURRED While Nat while at work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 4-13-58, 19____,that I last saw the deceased

20f. (City or town) none

(Stote)

PHYSICIAN'S NAME (Type)

D. D. Caples, M.

Reisterstown, Md

and that death accurred at 3:30PM, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

6 Hanover Rd.

22d LOCATION (City, tawn, or county) Reisterstown, Md.

(County)

REMOVAL (Specify)
Burial 23. FUNERAL DIRECTOR'S SIGNATURE

220 BUR.AL CREMATION, 226 DATE THEREOF

16/58 All Saints Cemetery

22c. NAME OF CEMETERY OR CREMATORY

24b REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

J.F. Eline & Sons, Reisterstown, Md.

21. I certify that I attended the deceased from alive an 4-13-58

VS A15 (4) 15M 10/57

TO FUNERAL DIREC the registrar prior

APR 1. S. W. S. W. S. S. W. S.

4386 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give reparest town) and give nearest town) d. NAME OF HOSPITAL hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Lost Month Do Year DECEASED (Type or print) DEATH 20 6 19 5. SEX 6. COLOR OF RACE IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months DIVORCED | WIDOWED yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? during, most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 1631 **DUE TO** Conditions, if any, which ! gove rise to Immediate **DUE TO** couse (a), stating the underlying cause lost. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 🔀 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f, [City or lown] (County) (Stote) foctory, street, office bldg., etc.) Hour o. n. While Not while of work at work p. m. 21. I certify that I attended the deceased from 19 5 Othat I lost sow the deceased a and that death occurred at M, from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4)

DECEIVED 300 1950

BUREAU Y. S.

BUREAU V. S.

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No.	-	de la

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04378

4387 CERTIFICATE OF DEATH Reg. Dist. No.

- '	o COUNTY			44 4 8 44 4 4 4 4	i i i	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE b. COUNTY							
	Ba	MARYLAND		Maryland Prince Geo.									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)			c LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town))			
L	Catonsvill	llyr17dys		Upper Marlbore									
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d STREET ADDRESS e IS RESIDENCE ON A FARM?							
	SPRING G ROVE STATE HOSPITAL					Upper Marlboro, Md.							
3	3 NAME OF First			Middle		Lost 4. DATE			Month Do			Doy	/eor
	(Type or print)	Rose		Kuhn		Wise		OF DEATH		Apri	7	11.	9 58
5	5. SEX 6. COLOR OR RACE 7 MARR			RIED NEVER MARRIED	B D	ATE OF BIRT	ТН	9. AGE fln years IF UNDER I YEA				-	
4	female white wipower			ED X DIVORCED	Sept. 25, 1000 69 ym.			onths Day	s Hours	Min.			
1	0a. USUAL OCCUPATIO	KIND OF BUSINESS OR	NDUSTRY	Y 11. BIRTHPLACE (State or foreign o			country) [12 CITIZE			OF WHAT	COUNTRY		
Т	housewi			Maryland		I			J. S. A.				
Ĭ	3. FATHER'S NAME		1	MOTHER'	S MAIDEN NA	AME							
	John Kuhn					Mary A. Wiseman							
1							NFORMANT Address						
Г	no	f yes, give war or dates of :	Jnknown Records: SPRING GROVE STA					TATE	TE HOSPITAL				
	18 CAUSE OF DEA	TH Enter only one co	iuse per li	ne for (a), (b), and (c).]				-			l ir	TERVAL BE	TWEEN
	PART I, DEATH WAS CAUSED BY: And an in Colland the Condition of the Colland distance of the Colland th										DEATH		
	Condition if any which a General Property of a retentioned a record												
	gove rise to immediate												
	couse (a), stating the under-												
1	/ 1/												
7	1 /	PERFORMED?										RMED?	
101	Pneumonia YES NO. NO. NO. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)												
	OR CONTRIBUTING LI CAUSE OF DEATH ((IF EITHER, NOTIFY MEDICAL EXAMINER)												
140.000	20c, TIME OF INJURY	Month, Day, Ye	or 20d I White		e PLACE	OF INJURY	(Home, form,	20f. (City	y or tawn)		(Coun	ly)	(Stote)
1	p. m.	19	at war		,	,	or minds, overl						
	21. I certify that I attended the deceased from April 12 , 19 58 to April 11, 19 58 that I last saw the deceased												
	alive on April 14, 19 58, and that death accurred at 5:30aM, from the causes and on the date stated above												
	ADDRESS (Street city or forms shots) DATE SIGNED												
П	STENATURE Stilla Wachesler MD. SPRING GROVE STALE HOSPITAL 4-14-58												
ı	PHYSICIAN'S CHAIR AND M. D.												
			atonsvi	lle	26 , Ma	rylan	d						
2	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)			22c. NAME OF CEMETE	EMATORY	1	22d. LOCATION (City, town, or county)			(Stote)		
-	RUPLAU	4-17-59	3	New Cathely	ral (Cemete			al.timo				
2.	FUNERAL DIRECTOR'S		7 2 1	ADDRESS 7 St. Paul :	Υ		240. REC'D	BY REGIST 1 5 158		REGISTRA	R'S SIONA	TURE	
	VII I AIII V	THOS,	747	/ Note Edition	o+ree	e L	DATE	1 9 30	W	بهارو	ouch		

VS A15 (4) 15M 10/57



8561 9 i 8dV

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4388 CERTIFICATE OF DEATH

Reg. Dist. No.

•		1400	keg. Dist. No.								
	1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	lived If institution Residence b b COUNTY	efore admission)						
	b CITY OR TOWN (If autside carparate limits, writ	e c. LENGTH OF STAY IN 16									
	* RURAL and give nearest town) Fort Howard	25 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore								
	d. NAME OF HOSPITAL (If not in hospital, give stre		d. STREET ADDRESS		e IS RESIDENCE						
	Veterans Administrati	ion Hospital	1101 Demarcay Way, ODonnell Hgt sves NO Z								
	3. NAME OF DECEASED (Served as CHARI CHARLES	LES _Middle	WOLF OF DEATH	Month April	20 19 58						
	5 SEX 6. COLOR OR RACE 7. M.	ARRIED A NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years UF UNDER 1 YE	AR IF UNDER 24 HRS						
	Male White wood	OWED DIVORCED	October 25,1887	lost birthdoy) Months Doy							
	10a. USUAL OCCUPATION (Give kind of work done light dyring most of working life, even if retired)	06 KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign co	ountry) 12. CITIZEN	OF WHAT COUNTRY?						
\	Laborer	Garbage dumps	Baltimore, Mary	yland U. S	U. S. A.						
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	/Silas Wolfe		Ella Chaney								
and a	15 WAS DECEASEDEVER IN U.S. ARMED FORCES? (Yes, no. or unknown) ; (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO 17 IN	VFORMANT	Address							
	Yes WW I										
	18. CAUSE OF DEATH [Enter only one couse per	r line for (o), (b), and (c).]			NTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) BF		UNKNOWN								
	XMOUXX TO RIGHT LUNG, LIVER, INTESTINES, RIBS AND LYIPH										
		DES	AEU, THIEDLIMED, K-	IBS AND LITTER	UNKNOWN						
	Conditions, if ony, which (b) 110	ADDIO .			OMEMONIA						
	couse (c), stoling the under DUE TO										
lying couse lost. (c)											
	PART II OTHER SIGNIFICANT CONDITION Thoracoto	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 160	19. WAS AUTOPSY						
	7, 4/30/57	PERFORMED? YES TO NO									
	II of item 1B.)										
	20c TIME OF INJURY Month, Day, Year 20d Hour a. m. 19 of	or lown) (Coun	ty) (Stote)								
		work at work	tary, street, office bldg., etc.)								
	21. I certify that Kattended the deceased from March 26 , 1958 , to April 20 , 19 58 that National April 20										
	PKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XIVE/00XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
	11 01 1.8	_ /-		reet, city or town, state}	DATE SIGNED						
	SIGNATURE CLOCK	daw.	D, MARYLAND	4/21/58							
1	PHYSICIAN'S CHIEN WEI LAN.	M.D.									
	220. BURIAL, CREMATION, 226. DATE THEREOF	ION (City, town, or county)	(State)								
	Burial 4-24-5	ional Cemetery Balt									
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU											
	Wm.Cook-Blight, Inc. 600	9 Harford Rd 1	Baltimore APR 2 2	58 allean	ch						

may be retained by that the filled in attending physician.

O FUNERAL DIRECTA

Then this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be described for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to Eurial, comatian, or amoval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 10/57

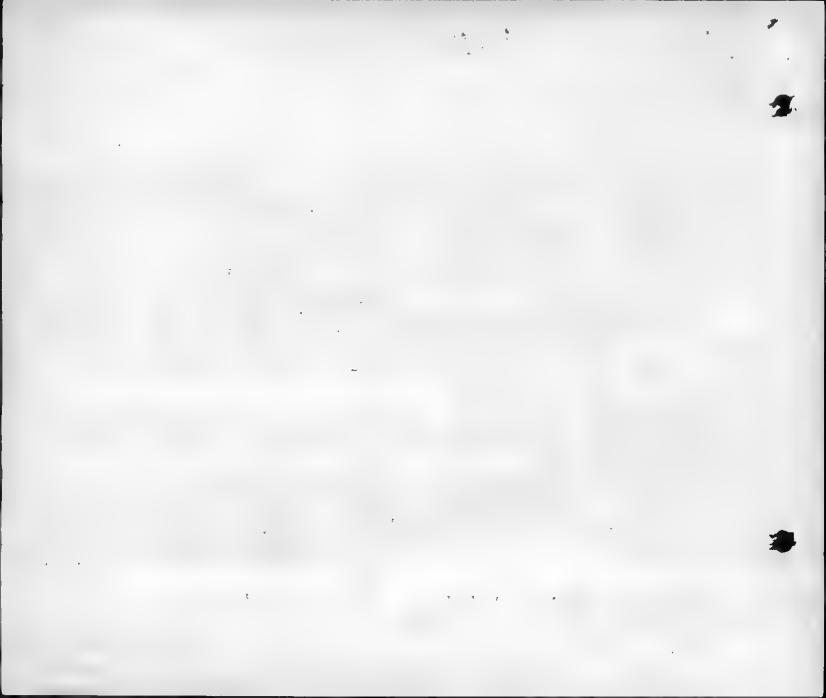
al director, e filed with

death' Page 4

BUREAU V. ?

APR SC : ..

DECENAL



e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

acres

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

Md.

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

ON A FARM? YES NO

Year

19

Rea, Dist. No.

Menths

VS A15 (4)



DATE APR 1 5

246. REGISTRAR'S SIGNATURE

* The second

Lieberton Committee

Too has Kaue amount

CARLOI Circo Indian

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SEST BI APA

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